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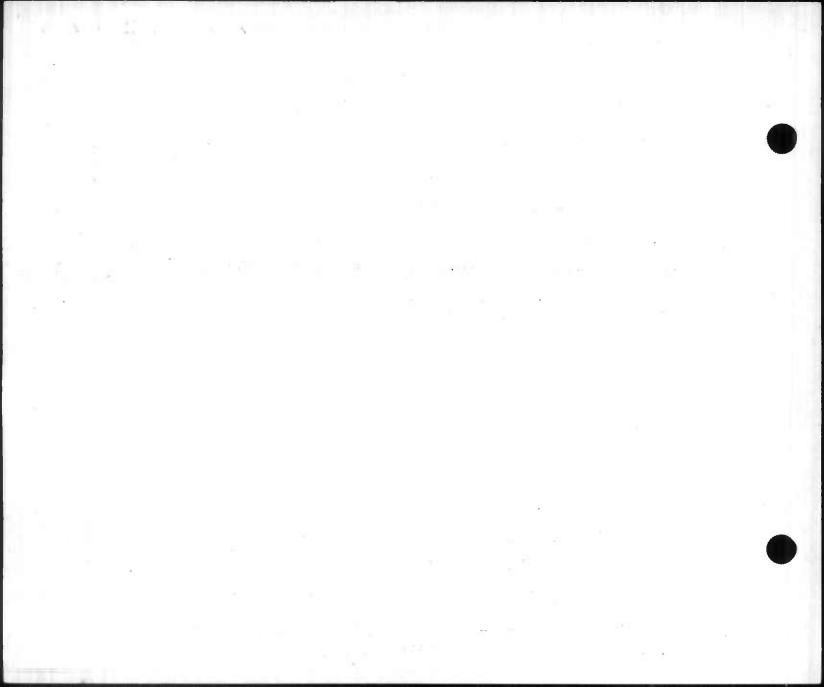
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Cedar Hill Crematorry Suitland PG Mo Silver Spgs, Date PECD BY REGISTRAR 1350 REGISTRAR'S SIGNATURE

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DHMH-16 20M (VRA 15, 4) 7/78



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FOR

### STATE OF MARYLAND 2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	STATE REGISTRAR			CERTIF	CATE OF DEATH	REG. I	٧٥.			
		CEASED NAME FR		ELVA R.	Ao	1/eR	2r. DATE OF DEATH	9-16	- 19	21 HOUR 9:52.	AM
	3 SEX	1 FMALE	CAUCA	SIAN	S DATE O	DAY YEAR	Contract C	9 YRS.	UNDER 1 YEAR	IF UNDER 24 F	HRS
8	CC	RTHPLACE (STATE OR FOREIGH DUNTRY) VIRGINIA	U.S.	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	MANTANA	OR COUNTY C	DE DEATH	44	MD.
8	516	LUER SPRING	MI HOLU C	POSS HO	HOME O	ROTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWIFE	OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS	
6	130 S	RYLAND N	OME OR OTHER INSTITUTION, COUNTY IONTGOMERY	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN SILVER S				SUTHERL	AND RO	AD	
C		THER'S NAME FIRST WILLIAN		DIEH		15. MOTHER'S MAIDEN NAM FIRST BERTH	A MIDOLE		HOLSTÑ	GER	
		AS DECEASED EVER IN U ES, NO OR UNKNOWN) (IF )	.S. ARMED FORCES? res, give war or dates)	179-20-		17 INFORMANT FREDERICK	W. ADLER		AS 13	HUSBA	AND
	CERTIFICATION	Conditions, if ony, wh gove rise to immedia cause (a), stating underlying cause to	ich ofe (b) DUE TO, OF (c) ANT CONDITIONS CC		ICE OF	NOT RELATED TO THE TERMI	INAL DISEASE OR COL	20b. IF YES,	WERE FINDING CAUSES	GS USED	
1	MEDICAL CERTII	21a. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER, NOT IFFY MEDICAL EX.)  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this saw the deceased of above, (1) (we) (did)  22b. SIGNATURE	OF DEATH MINER)  21e PLACE (AT HOME, STR hospitol) ottended the ive on did not) view the body	M. MONTH DAY M.  DE INJURY EET, FACTORY, OFFICE, FAI  E degleosed from	19 EM, ETC)	211 LOCATION STREET  19 d that in (my) (our) opinion of PHYSICIAN  222 ADDRESS  1 0 6	city OR TO	date and hour c	COUNTY		) last
	(5	URIAL, CREMATION, REM PECIFY)  BURTA	L 9/19/		RKLA	25a. DATE	23d LOCATION CITY OF TOWN ROCKVILL REC'D. BY REGISTRA	LE MC	OUNTY DUT LATE SIGNAT	MD TATE	
	50	O UNIV.BLVD	.W., SILVET	SPRING, N	10.	20901 SF	D9 / /	f. h	my State	heady	

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IMPORTANT: If Item 21 is morked or Item 18 shaws any injury, or other troumatic event, the should be detoched for use as the burial-transit permit. Then please remove carbon poper with the State Dept. at Heolth and Mental Hygiene priar to burial, cremotion, or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending PHYSICIAN: The low

requires that the death certificate be executed within 24 hours

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 2 8

	REGISTRA	?			CERTIF	ICATE OF DEATH	REG. N	0.		
	1. DECEASED NAME (TYPE OR PRINT)	Raymo	n d	H. B		N, JR.	Septembe	MONTH DA	1979	26 HOUR 9:10A
	3 SEX Male		4. RACE Cauca	sian	S DATE C	DAY YEAR	6, AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HR
St ouce	70 BIRTHPLACE COUNTRY) Wiscons		76 CITIZEN OF	WHAT COUNTRY	/? 8 MARRIEI WIDOWE	DXX NEVER MARRIED	Montgomer	_	OF DEATH	٨
Dottied 7	Bethesda	N OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREE	ET ADDRESS)	cal Center	120. USUAL OCCUPATION OF WORK FOR MOST OF U. S. COA	F WORKING LIFE)	INDUSTRY	F BUSINESS C
must be	USUAL RESIDENCE 130 STATE Mary Land	E (IF NURSING HOME OF 13b COU		136. CITY OR TO Kensing	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 11407 WOO	dson A	venue	
SZ/mine	14 FATHER'S NAMERIST	_	MIDDLE H.		sen Sr	IS MOTHER'S MAIDEN NA FIRST Al ma	WIDDLE	19	CoeˈÎ	ST
e medical	160 WAS DECEAS (YES, NO OR UNK YES	ED EVER IN U.S. A NOWN) (IF YES, GF	RMED FORCES? VE WAR OR DATES) 2-75	388 26		Mrs. Mary A.	Baetsen S	ee ite		WI
s any injury, or a	NO	HER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDI	
Item 18 show	OR CONTRIBU	T WAS UNDERLYING   ITING	EATH HOUR A	OF INJURYM. MONTHM.	DAY YEAR 19	21c HOW INJURY OCCUR	YES NO X	YES		NO 🗍
orked o	WHILE AT WORK	NOT WHILE AT WORK		TREET, FACTORY, OFFICE	E, FARM, ETC.)	STREET	CITY OR TOV	VN	COUNTY	STATE
MPORTANT: If Item 21 is mor	saw th abave, 22b SIGNA	y that (1) (this hosp e deceased alive a (1) (we) (did) (did to fURE	Sopta		79, ar	nd that in (1/4/ (our) opinian  DEGREE  ATTENDING PHYSICIAN [  172e ADDRESS	to Sept.  death occurred an the do  MEDICAL STAL  DIRECTOR PHYSIC	FF	and fram the	
IMPORTANT	Ge	orge T. G	amble, M		NAME OF	National Nav		Center	, Beth	esda, N
_	(SPECIFY) BU	rtal RTAL	23b. DATE 9/19			ON NATTONAL	23d. LOCATION CITY OR TOWN ARLINGT	ON		STATE
76	24 FUNERAL DIRI		uneral H	ome ADDRES	lver S	Spring, Md. S	EP 14 1979	25b. REGISTR	AR'S SIGNA	Cready

DHMH - 16 50M 1/76

(VR A 15 (4))

etained by the hospital or attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed entired.

retoined by the hospital or attending physician.

# FOR DEPAR

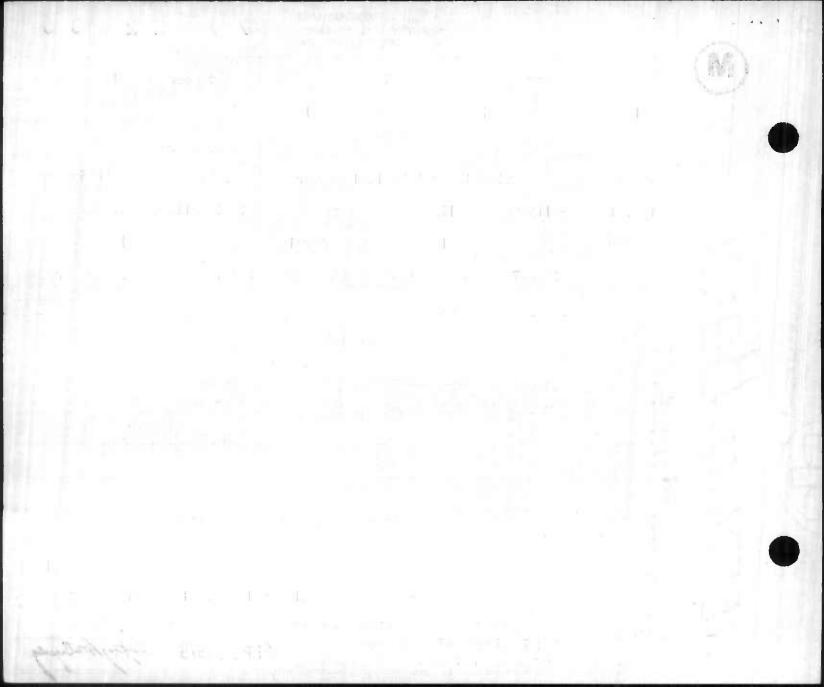
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1-	FOR STATE REGISTRAR		DEPARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IEN 9	2 2	8	8 0	
	CEASED NAME FIRST		MIDDLE	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	R
(1117)	Rober	+	BAIN		Septembe	r 5	1979	3:05	P M
3. SEX	(	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 2	
N	Male	Caucasia	an Ju	ne 30 1926	53	YRS	THS DAYS	HOURS	MIN.
7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	D NEVER MARRIED XX	9 BALTIMORE CITY O		DEATH		
	exas	USA	WIDOWE		Montgome	rv			MD.
10 Cf	TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSING HOME C		12a USUAL OCCUPATI	ON	12b. KIND ( INDUSTRY,	OF BUSINES	SSOR
	ethesda	Nationa		al Center	(TYPE OF WORK FOR MOST OU. S. Na	vy	Mili	tary	*
13aS		ngton	GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN Arlington	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 1021 Arli	ngton B	lvd.		
14 FA	THER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN NAM			I.A.		
	Jake	WIDDE	Bain	Jessie	WIDDLE	Whi	te ^	31	
	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	Apt. ADA	<b>2</b> s			
('	Yes 194	14-70	466 30 6600	Mr. Jacob B	ain/512 W 2	2nd St.	New	York,	, NY
	Conditions, if ony, which gove rise to immediate couse o), stating the underlying couse lost	DUE TO, O  DUE TO, O  DUE TO, O  (b)  DUE TO, O	CARDIORES  RAS A CONSEQUENCE OF  RAS A CONSEQUENCE OF	MIA	ARRES				
NOI	CHRON		ONTRIBUTING TO DEATH BUT		INAL DISEASE OR CON	CIT?			
CERTIFICATION	190. DATE OF OPERATION	196. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES ☑ NO ☐	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES		H?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.	OF INJURY  .M. MONTH DAY YEAR  .M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2)		
MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211_ LOCATION STREET	CITY OR TOV	VN	COUNTY	STA	ATE
	220. I certify that (y (this has sow the deceased alive a above the (we) (did) (d/d/n	oitol) ottended the Sept.	be deceosed from Aug. 5	24 , 19 79 and that in finite (our) opinion of	to Sept. 5	, 19 ote and hour or	79 nd from the	that (I) (w	re) lost ted
	726-SIGNATORE	fos		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA			SIGNED	979
	2d. PHYSICIAN'S NAME TYPE		NAINA:	National Nav	al Medical	Center	Bethe	esda,	Md.
(5	URIAL, CREMATION, REMOVA SPECIFY) Urial	9/8/	79 Missio	emetery or crematory n Burial Pa					TE
24. FL	NAME ROBT. A. Pumph		consin Avenu ral Home, Beth		EPI 1 1 1979	25b. REGISTRA	2S SIGN	Ryon	9

BP DHMH - 16 50M 1/76 (VR A 15 (4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled it by the fundations should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 wholl be lated with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical continuer must be not the continuer.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer retained by the hospital or ottending physician.

	1 -	FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.	2	8	3 1
		CEASED NAME ORPRINT)	FIRST		WIDDLE		AST	2a. DATE OF DE			YEAR	26 HOUI
- 1		Ba	aby	G	iri		DWIN	Sep	tember	23	1979	1100
	3. SE)			4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	MON	NDER   YEAR	IF UNDER :
		Female		Negro		Sep	t. 23 1979			'RS		
34	CC	RTHPLACE (STATE OR DUNTRY)	FOREIGN	USA	WHAT COUNTRY?	MARRIEI WIDOWE	DIVORCED	Montgo		JNTY OF	DEATH	
		TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCC	UPATION		126 KIND C	OF BUSINE
27		Bethesda		100	nal Naval		cal Center	N/A	MOST OF WORK	ING LIFE)	INDUSTRY	
	USUA 13a S	AL RESIDENCE (IF NU	RSING HOME OR	OTHER INSTITUTION		E ADMISSION)		13e STREET ADD	RESS			
35	Mai	ryland	20	George	Laurel		YES XX NO	8717 C	ontee	Rd.	Apt.	302
	14 FA	THER'S NAME	,	AIDDLE	LAST		15 MOTHER'S MAIDEN NA/	ME	DDLE	71	LA	
6		Charles	3		Baldwin		Doris			М	cLear	
2	160 V	VAS DECEASED EVE	RINUS. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS			
Comm		V/A	(11 /25, 5112		N/A		Charles Bal	dwin Se	e item	13		
		Conditions, if on gove rise to in couse (o), stot underlying cous	y, which nmediote ang the	) b)_	PR AS A CONSEQUE	ENCE OF	н					
	ATION	gove rise to in couse (0), stot underlying cous	y, which nmediote ing the se lost	DUE TO, O  DUE TO, O  CONDITIONS C	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OF	? 20b. I	IF YES, W	ERE FINDI	NGS USED
1	TIFICATION	gove rise to in couse (a), state underlying couse PART 2 OTHER SIG	y, which nmediote ing the se lost	DUE TO, O  DUE TO, O  CONDITIONS C	OR AS A CONSEQUE	ENCE OF		280 AUTOPSY	? 20b. I	IF YES, W ERTIFYIN	ERE FINDI	NGS USED
1	CAL CERTIFICATION	gove rise to in couse (a), state underlying couse PART 2 OTHER SIG	y, which nmediate ing the see lost GNIFICANT C	DUE TO, O    b)   DUE TO, O    c)   ONDITIONS C	OR AS A CONSEQUE  ONTRIBUTING TO E	ENCE OF  DEATH BUT  OPERATIO		200 AUTOPSY	? 20b. I	IF YES, W ERTIFYIN YES	ERE FINDI G CAUSES	NGS USED S OF DEATI
	MEDICAL CERTIFICATION	gove rise to in couse (o), stot underlying couse PART 2 OTHER SIGN PART 2 OTHER SIGN PART 2 OTHER SIGN PART 2 OTHER SIGN PART WAS UITED PART AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK IN STORY AT WORK	y, which namediate ing the se lost.  ATION  ATION  DEERLYING CAUSE OF DEA ICAL EXAMINER)  RRED  WHILE OF ORK	DUE TO, O  (c)  DUE TO. O  (c)  ONDITIONS C  196 COND  196 COND  197 THE C HOUR A P. 216 PLACE (AT HOME, ST	OR AS A CONSEQUE  ONTRIBUTING TO E  OTHER TO THE TO	ENCE OF  ENCE OF  DEATH BUT  OPERATION  AY YEAR  19	21c. HOW INJURY OCCURR	200 AUTOPS V YES NO NO	? 20b. I	IF YES, W ERTIFYIN YES X	ERE FINDING CAUSES  OR PART 2)	NGS USED S OF DEATI
		gove rise to in couse (o), stotunderlying couse PART 2 OTHER SIGNATURE (O), stotunderlying couse PART 2 OTHER SIGNATURE (O), stotunderlying couse (o	y, which namediate ing the see lost GNIFICANT COATION  ATION  NOBERLYING CAUSE OF DEA ICAL EXAMINER)  RRED  WHILE COORK  I (this hospit seed olive of your cook)  (did) (find for your controlled to the young)	DUE TO, O    b)   DUE TO. O    CONDITIONS C	OR AS A CONSEQUE  ONTRIBUTING TO E  OTTION FOR WHICH  OF INJURY  M. MONTH DA  M. OF INJURY  REET, FACTORY, OFFICE, F	ENCE OF  ENCE OF  DEATH BUT  OPERATION  AY YEAR  19  PARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCURR 21f. LOCATION	200 AUTOPSY YES NO RED (ENTER NATURE	OF INJURY IN ITEM  OF INJURY IN ITEM  OF TOWN  PM Se  The dote onc	IF YES, WERTIFY IN YES WILL PART 1	COUNTY  79. d from the	NGS USED S OF DEATI NO STA
		gove rise to in couse (o), stotunderlying (i) either, notify med (i) either, notify med (ii) either, notify med (iii)	y, which namediate ing the se lost SINIFICANT CONTROL CAUSE OF DEA ICAL EXAMINER)  WHILE OF SINIFICANT CONTROL CAUSE OF DEA ICAL EXAMINER)  WHILE OF SINIFICANT CONTROL CAUSE OF DEA ICAL EXAMINER)  WHILE OF SINIFICANT CONTROL CAUSE OF DEA ICAL EXAMINER CONTROL C	DUE TO, O    b)   DUE TO, O    column   colum	OR AS A CONSEQUE  ONTRIBUTING TO DE  OTION FOR WHICH  OF INJURY  M.  OF INJURY  REET, FACTORY, OFFICE, F  and deceosed from  23  otter death.	ENCE OF  ENCE OF  DEATH BUT  OPERATION  AY YEAR  19  PARM, ETC.)	216. HOW INJURY OCCURR  216. LOCATION STREET  M Sept2319 79 and that in (my/our) opinion of DEGREE  ATTENDING	200 AUTOPSV YES NO RED (ENTER NATURE  CIT  , to 1100  deoth occurred or  MEDICAL DIRECTOR	20b. IN CODE INJURY IN ITEM OF INJURY IN ITEM OF ROWN  PM See Of the date and	PH 19	COUNTY  79. d from the 22c. DATE Sept	NGS USED OF DEATH NO THE STANDARD STAND
	WEDICAL	gove rise to in couse (o), stotunderlying (i) either, notify med (i) either, notify med (ii) either, notify med (iii)	y, which namediate ing the see lost the see	DUE TO, O    b)   DUE TO. O    CONDITIONS C    19b COND    21b TIME C   HOUR A   P.   21e PLACE (AT HOME, ST   View the body    PRINT)   Deenbarge	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY  M. MONTH DA  M. OF INJURY  REET, FACTORY, OFFICE, F  office deceased from	ENCE OF  ENCE OF  DEATH BUT  OPERATION  AY YEAR  19  SARM, ETC.)  920 P  79 or	21t. HOW INJURY OCCURR  21t. LOCATION STREET  M Sept2319 79  and that in (my/lour) opinion of the physician [Physician [P	200 AUTOPSY YES NO RED (ENTER NATURE  CITY  TO 1100  AMEDICAL DIRECTOR DI  236 LOCATIO CITY OR TO'	PM Se the dote one STAFF PHYSICIAN &	23  Apt 19  d hour on	COUNTY  79. d from the 22c. DATE Sept Beth	stales of the stale of the stal

DHMH - 16 50M 1/76 (VR A 15 (4) )

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.			
		CEASED NAME	FIRST		AIDDLE	i.	AST	20 DATE OF DEATH MONTH	DAY Y	YEAR	2b HOUR
			Helen	R	toesch	1 1	Barden		9/25/	79	4:24p
	3. SEX	(	4 RA	ACE		5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	CIAYS	IF UNDER 24 HRS
	F	'emale		white		2	25/1910 YEAR	69 YR		DAYS	HOURS MIN
		RTHPLACE (STATE OR F	OREIGN 76 C	ITIZEN OF	WHAT COUNTRY	? 8	DE NEVER MARRIED	9 BALTIMORE CITY OR COU		ATH	
.7		Vash., D.	C. I	J. S.	Α.	WIDOWE		Montgomery (	Count	V	M
1		TY OR TOWN OF DE	ATH 11.	NAME OF H	OSPITAL NURSI	ING HOME C	OR OTHER INSTITUTION	124 USUAL OCCUPATION		KIND OI USTRY	F BUSINESS OR
0	В	ethesda		Subu	rban Ho	spita	al	Housewife	, ,	n ho	ome
3	13n S	L RESIDENCE (IF NUR. TATE Maryland	Montg		13c CITY OR TOY		13d INSIDE CITY LIMITS? YES X NO	7814 Exeter	Rd.		
	14 FA	THER'S NAME	WIDDL		LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	-	LAST	
50		Charles	Harr		Roesch	1	Florence	MIDDLE	. 1	Karı	ıs
1		VAS DECEASED EVER	IN U.S. ARMED		166 SOCIAL SEC	URITY NO.	17 INFORMANT	7814 Exe	ton R	hec	
1	No	25,110 01 01 1111 10 1111		OK DATES;	220-34-7	7989	Albert R. S.	Barden Bethesda	a. Mai	rvla	nd
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED BY IMMEDIATE CA	USE (a)	R AS A CONSECU	JENCE OF	ocardial insulfice	inforction	BE	QW 950	e how
		gave rise to imicause (a), statu underlying cause	mediate ng the e lost.	(c) 1	ABA CONSEOU	les	ric heart	direce,	1	950	1-197
	NOI		Lesse	who	l h	m	affention				
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	N )	N WAS PERFORMED		YES, WERE RTIFYING CA YES []		
9	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	P./	м. монтн <u>г</u> м,	DAY YEAR		RED (ENTERNATURE OF INJURY IN ITEM	1B, PART 1 OR P.	ART 2)	
	MED	21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK		21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	, FARM, ETC.}	21f. LOCATION STREET	N A CITY OR TOWN	COUN	ATY .	STATE
		22a I certify that saw the deceas abave, (1) (we)	ed alive on	1 Post	. 24 19	0.72		death occurred an the dote and	hour ond fro		hat (I) (we) last ouses stated
		22b. SIGNATURE	41	100	rell		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	220.	, DATE S	SIGNED
1		220 PHYSICIAN'S N.	AME (TYPE OR PRIN	102	ELL		7936 C	old George	rown	RJ	Buth
		URIAL, CREMATION,	REMOVAL 23	b. DATE	236.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY		T/O STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 1/76 (VR A 15 (4))

Arlington Nat'l Cemetery Arlington, Arlington, Va.

Burial 9-28-79 Arlington Nat'l Gamber of Sons, Inc. 5130 Wisconsin Ave., N. W., Washington, D. C.

12.00

Mondyonery Schloses Las 7721 Caster 16.

STATE OF MARYLAND

FOR

Homes, P.A.

(VR A15 ME (5)) 15M 7/76

Service of the servic sel . de Bontg. Bothesda , X . Section av Lager ducts S. Dushore less All-18-3859 Indus O. makere . hee as I | Colm G. Full | Lathereda, Narviand Trest old Cooreston Ti Burdal Sont 5, 1979 | Vereroon Com. Robort A. Primhrey luneral Lower, P.A. Dethesch, M. Hotelesch, M. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 haurs after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

injury, or other troumotic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

24. FUNERAL DIRECTOR

J. Wm. Lee's Sons Co. 300-4th St., NE, Wash., D.C.

# FOR - STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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7	2	4	0	0	di
	2 110			100	

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNALITE

1	1. DECEASED NAME FIRST	^	AIDDLE	LAST	20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
1	(TYPE OR PRINT)  Geral	dine	E.	Beckwith		9-26	5-79	9:40P M
1	3. SEX	4 RACE		ATE OF BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White		10 10 93	3	85 YRS		HOURS MIN.
7	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	ARRIED NEVER MARRIEL	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
	Brooklyn, N.Y.		States   WIE	OWED DIVORCES	Mon*	tgcmery		MD.
	Bethesda	Bethes	da Health C	are Center	(TYPE OF WORK FOR		LIFE) INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOM 13a STATE		GIVE RESIDENCE BEFORE ADMIS 136 CITY OR TOWN Wash., D.C.	13d. INSIDE CITY LIMI YES 🔼 NO	2101-1	RESS 16th St.	, NW	
	14 FATHER'S NAME FIRST Unknown	MIDDLE	LAST	15 MOTHER'S MAIDE		IDDLE	1AS	Т
		ARMED FORCES? GIVE WAR OR DATES]	166 SOCIAL SECURITY				ash.,D.C.	-
	No		546-24-673	5 Peter R. S	Sherman(cons	servator	r) 1900-N	St., NW
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED	DIATE CAUSE (o)	Terms as a consequence	e aspirate	Tuonito	nia, 1	APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR	AS A CONSEQUENCE			45	0	
	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CO	INTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE OF	CONDITION G	GIVEN IN PART 140	)
2	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b CONDI	TION FOR WHICH OPER	ATION WAS PERFORMED	YES NO	IN CERT	YES, WERE FINDIN TIFYING CAUSES YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED	DEATH HOUR A.	A. MONTH DAY Y	EAR 19	CCURRED (ENTER NATURE	OF INJURY IN ITEM 18	B, PART 1 OR PART 2)	
	WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	DF INJURY EET, FACTORY, OFFICE, FARM, ET	211. LOCATION STREET	cm	ORTOWN	COUNTY	STATE
	220.1 certify that (I) (this he saw the deceased alive above, (I) (see) (did) (did)	on 9/21	17 19	, and that in (my) ( or	, to, to	the date and he		that (I) (we) last couses stated
	22b. SIGNATURE		2	DEGREE ATTENDI		STAFF PHYSICIAN [	22c. DATE :	SIGNED 27/79
	22d. PHYSICIAN'S NAME (TYP	LEKA	ou, n	22e. ADDRESS 742	arling to		Belle	de het
	230. BURIAL, CREMATION, REMOV (SPECIFY)			OF CEMETERY OR CREMAT	ORY 23d. LOCATIO	N	COUNTY	STATE
	Cremation	9-27-1	979   Lee'	s Crematory	Wa.s	hington,	D.C.	

DHMH-16 60M 1/73

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital ar attending physicion.

(VR A 15 (4))

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-21-1 Lee's lee's

J. M. Lee's Co z Jo. 305-450 (1.1), Esi., 0.0.

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requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital ar attending physician

notified

injury, ar other traumatic event, the medicatesom

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

STATE OF MARYLAND		
MENT OF HEALTH AND MENTAL HYGIENE	1	0

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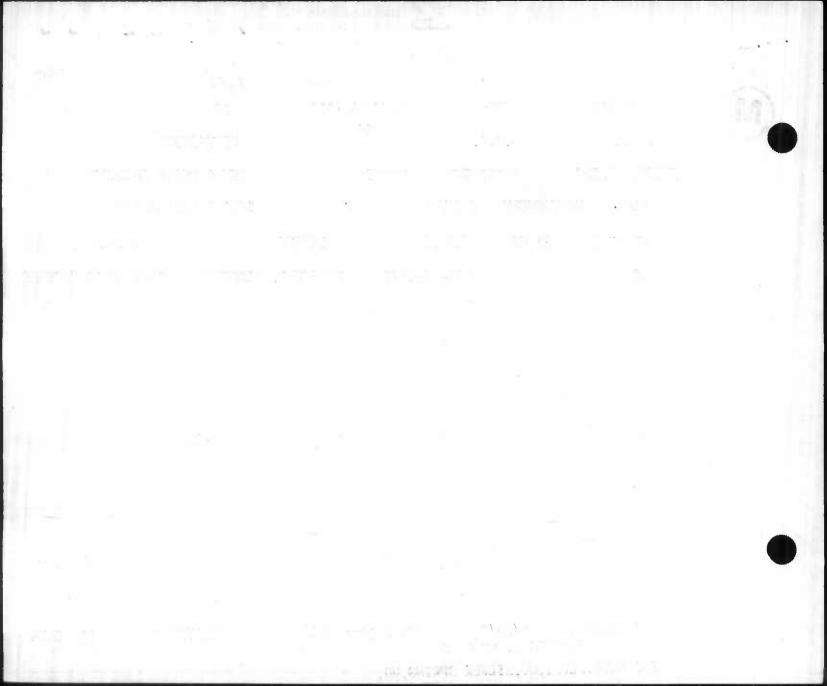
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	ENGLAND		u.s.		MARRIE	D DNOR	CED	9 BALTIMORE C	GOME	RY			MD.
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USU 13a	AL RESIDENCE (IF NUR STATE IARY LAND	SING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		131 INSIDE CITY L		13. STREET ADD	ÄRKE	R AVE	NUE		
	WILLIAM	J	AMES	RABSON			IRTE	AIE	DDLE		FUCHS	ST	
160	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 283-28-		17 INFORMANT ROBER	RT L.	BISSEND	ADDRESS EN	SAME	AS 13	HUS MATE INTE	BAND
rion	Conditions, if ony gave rise to im- cause (a), statu- underlying cause	r, which mediote ng the e last	DUE TO, OI		NCE OF								
CERTIFICATION	2 . 4 . 7	J	Ca	Minom	-	3 read					WERE FINDI NG CAUSES		TH?
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	22a. I certify that (II saw the decease above, (II) (was 22b. SIGNATURE	ed olive on	View the body	23 19		PHYS		, ta	STAFF		ond from the		toted
	1226. PHYSIQIAN'S N	nes	W. EK	an		22. ADDRESS 54/3	3 Cec	dar Ln		Beth	escla	Ma	/
L.	BURIAL, CREMATION, (SPECIFY) CREMATI UNERAL DIRECTOR NAME	REMOVAL ON FRANC	9/19/ IS J. C	79 ME OLLINSSS	TROPO	LITAN CRE	MATOR	23d. LOCATION CITY OR TOWN	EXAM TRAR 23	OPTA	DUNTY	IR <del>GI</del>	NIA

DHMH-16 20M (VRA 15, 4) 7/7B

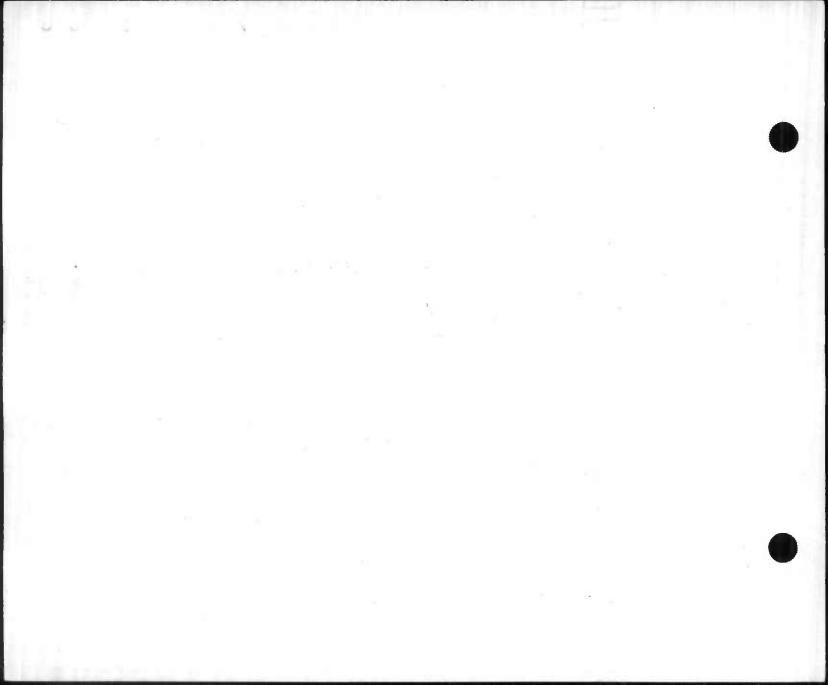
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

SEP 2 4 1979



FOR STATE REGISTRAR		DEPARTA	RENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. N	0	o u
1. DECEASED NAME (TYPE OR PRINT)	Halen	MIDDLE	Billner	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR 410 PK
3. SEX Februl	4 RACE	acti	5. DATE OF BIRTH MONTH DAY YEAR	AGE IN YEARS LAST BIRT	HUNDER I YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN
BIRTHPLACE ISTAT COUNTRY) Cumber:		USA	MARRIED NEVER MARRIED WIDOWED DNORCED	1 BALTIMORE CITY O	ECOUNTY OF DEATH	hy MD
Bothedo,		E OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION (DDRESS)	12a USUAL OCCUPAT ITYRE OF WORK FOR MOST C H OMETINAKE	ON 12b. KIND C INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (1 130. STATE Penna	PHURSING HOME OR OTHER INSTITUTE IN STATE IN STA	TUTION, GIVE RESIDENCE BEFORE 131. CITX OR TOWN BUTTALO	N TO THE THE THE TENTE OF THE T	13. STREET/ADDRESS		
M. FATHER'S NAME	es P. Long	LAST	IS MOTHER'S MAIDEN NA	a T. Long	(AS	л 2220: Во
160 WAS DECEASED  IYES, NO OR UNKNOW	EVER IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DAT		RITY NO. 17 INFORMANT 2771 James R. I	ADDRE Bingman, 10	20 S. Main	,17201
	any, which i immediate stating the cause lost  SIGNIFICANT CONDITION		NCE OF PEATH BUT NOT-RELATED TO THE TERM	MINAL DISEASE OR CON		
NO PATE OF OI			OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
- OR CONTRACTUTION	CAUSE OF DEATH HOU	ME OF INJURY JR A.M. MONTH DA P.M.	19	RED (ENTERNATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
a 21d INJURY OC	CCURRED 21e PI (AT HO AT WORK	LACE OF INJURY ME, STREET, FACTORY, OFFICE, F.	211 LOCATION STREET	CITY OR TO	wn county	STATE
saw the de	at (I) (this haspital) attend eceased alive an we) (did) (did nat) view the		7, and that in (my) (aur) apinian	death accurred on the d	1 0 /	that (I) (we) last causes stated
22b. SIGNATUR	mistop	her Un		MEDICAL STA	FF CIAN .	SIGNED
TIN 222d PHYSICIAN Chr	IS NAME (TYPE OR PRINT)	Unger.	220 ADDRESS			
230 BURIAL, CREMAT BUFFILL		pt.17,79	AME OF CEMETERY OF CREMATORY, Hillcrest Cemet		7\17 -7	
24 FUNERAL DIRECTO	H. Zeigler		25a. DA1	E REC'D. BY REGISTRAR	256. REGISTAR'S SIGNA	URE /

STATE OF MARYLAND

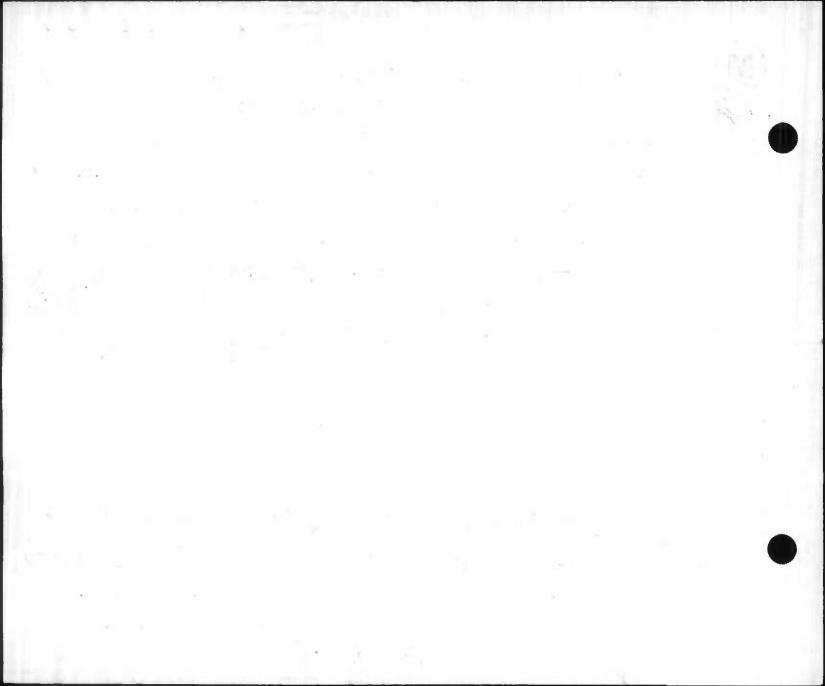


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IO HOSPITAL On ATTENDING PHYSICIAN! The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, long should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours offinded.	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
HOSI	FUN old b	the c
O	5 g	W.T

DHMH-16 20M

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST ITYPE OR PRINTS LONZO 4 RACE IF UNDER I YEAR 3. SEX 5. DATE OF BIRTH THE PEARS LAST BUTTHDAY MONB MONTHS DAYS HOURS. 084 white male YRS BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED E NEVER MARRIED New York USA Montgomery WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR Wheaton Nursing (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRYS Gov't Wheaton retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Montgomery 13L CITY OR JOWN 13d INSIDE CITY LIMITS? 13. SIREEI ADDRESS idvale Road Maryland Kensington NO [ 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MDDLEHenry MIDDLE Afda Ketcham Black 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578 05 5167 Maxie Black (wife) same as 13e no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR Conditions, if any, which gove rise to immediate couse 101, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(or CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NoF NO | 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 71d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE morked AT WORK NOT WHILE 220.1 certify that (1) (this hospital ottended the deceased from sow the deceased alive on Gunt 24 above, (h (wa) (did not) view the body after death. and that in (my) (ear) opinion dooth accurred on the date and hour and from the causes stated 21 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: H PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME ITYPE OR PRINT) 2309 Shorefield Rd. Wheaton, Md. Walter E. Goozh 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b DATE Parklawn Memorial Park "Rockville, "Mo. MaryTand Burial

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE maral Home. I yson Wheeler (VRA 15, 4) 7/7B



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	FOR		STATE OF MARTLAND	I WARTER TO CO	0 0 0
1.	STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		2000
	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  2a. DATE OF DEATH MONTH	DAY , YEAR 26. HOUR
(TYPE	Lionel Lionel	В.	Blaine	9 2	4 1979 307 PM
3. SE	X	4 RACE	5. DATE OF BIRTH  MONTH DAY YEA	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Fe	male	White	Nov. 21 189	7 81 YRS.	MONTHS DATS TROOKS MIN
70. B	RTHPLACE (STATE OR FOREIGN OUNTRY)NCC	76 CITIZEN OF WHAT COUNT	RY?   MARRIED   NEVER MARRIE	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
			WIDOWED DIVORCE		
	ITY OR TOWN OF DEATH		RSING HOME OF OTHER INSTITUTION (REET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIII HOMEMAKET	FE) 12b. KIND OF BUSINESS OR HOME
ÚSÚ.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE B	1- Bethesda  EFORE ADMISSION)		
13a :	D.C.	JNTY 13c CITY OR T	OWN 13d. INSIDE CITY LIM	7603 Cama Ama	, N.W.
14. F/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAID	EN NAME MIDDLE	LAST
	Unknown	Unka		nown	Unknown
16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESSRock	rville, Md.
	NO	213-44	+-5109 Karl A B	Laine, Son., 6508 01	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b)	), and icity		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
57		ATE CAUSE (a)	isatory rache	ve	1 day
	1830	DUE TO, OR AS A CONSE	QUENCE OF MA F	a Carcinoma	2.
	Canditians, if any, which gave rise to immediate	( lb)	ruelos (a)	e cascusuna	Lycary
13	couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSE			2 40.000
-		(c)	ovarian co		1 ~ / /
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	/ > <	E TERMINAL DISEASE OR CONDITION GIV	VEN IN PART 1(a)
TIO	190 DATE OF OPERATION	Le CONDITION FOR WIL	IICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED
CERTIFICATION	1977	0	unatosis	IN CERTIF	FYING CAUSES OF DEATH?
CERI	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, F	
	OR CONTRIBUTING CAUSE OF D		DAY YEAR	A	
EDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		50000
¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.]	CITY OR TOWN	COUNTY STATE
P	220 1 certify that (I) (this has	prial) attended the deceased fro	76/	78 , to SEPT, 24	19.29, that (I) (we) last
		not view the bady after death.		pinion death occurred an the date and hou	
	22b. SIGNATURE	014 -0C	DE GREE ATTEND	ING MEDICAL STAFF	221. DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE	C. (tave )	PHYSIC ADDRESS	IAN DIRECTOR PHYSICIAN	1/27
	Thomas C. H.				
	Luomas ve n	CACTT ILONO	4201 Ca	therdral Ave N.W. W	ashington, D.C.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached far use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or Item 18 shows any retained by the haspital ar attending physician. TO HOSPITAL BP DHMH-16 50M 7/77

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OR ATTENDING PHYSICIAN: The law

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the attending physician and c remave carbanpapers. Pages

injury, ar ather traumatic event, the

23a BURIAL, CREMATION, REMOVAL Burial 9/27/1979 23t NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

4201 Catherdral Ave N.W. Washington, D.C. 23d LOCATION CITY OR TOWN Washington, D.C. STATE

Joseph awler's Sons Inc. ADDRESS 5130 Wisc. Abu Washington, D.C.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE/ 9 2	2 3 8	
		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HO	
		Myrta	Brodie	Blick	9	9 79	
	3. SE	х	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS GAYS HOUR	
		Female	White	8 4 1874	105 YRS.	MONTHS UATS HOUR.	
42		RTHPLACE (STATE OR FOREIGN OUNTRY)  Arkansas	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED NOVECED	DIVORCED   Montgomery  HER INSTITUTION   12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)   INDUSTRY		
70		ithersburg	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET WILSON Health	G HOME OR OTHER INSTITUTION ADDRESS) Care Center			
35	13a. S	STATE 13b COL	or other institution, give residence befor JNTY 13c. CITY OR TOW 13c. CITY OR TOW	N 113d INSIDE CITY LIMITS?	13e STREET ADDRESS 199 Rollins Av	venue	
157	14. FA	ATHER'S NAME FIRST  Edward	MIDDLE LAST Bro	15. MOTHER'S MAIDEN NA	WE , WIDDLE	Pari	
medical	16a V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	9538D Wilson Heal	th Care Center	Gaithers	
ofic event, the		PART I. DEATH WAS CAUS	only ane cause per line far (a), (b), an SED BY:  ATE CAUSE (a) CONSEQUI	ine correst		APPROXIMATE IN BETWEEN ONSET A	
other trour		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  (b) United to Garage Constitute for the cause (a), stating the underlying cause last  (c) Garage Constitute for the terminal disease or conditions of the conditions of t					
o		DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	SEATH BUT NOT BELATED TO THE TERM	INIAI DISEASE OR CONDITION CI	VENI INI DADT 1/-	
rulary, ar	CATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSŸ? 20b. IF YE	ES, WERE FINDINGS U	
	TIFICATION				200 AUTOPŠŸ? 206. IF YE	ES, WERE FINDINGS US	
18 shows ony injury, or	CAL CERTIFICATION		196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFORMED	200 AUTOPŠŸ? 206. IF YE	ES, WERE FINDINGS UP IFYING CAUSES OF DE IES NO	
	MEDICAL CERTIFICATION	19a DATE OF OPERATION  71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF D	196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFORMED  21c. HOW INJURY OCCURI 19 21f. LOCATION	200 AUTOPSY? 20b. IF YE IN CERTI	ES, WERE FINDINGS US IFYING CAUSES OF DE ES \( \text{NO}\)	
If Rem 21 is morked or Rem 18 shows ony injury, ar		19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED  21t. HOW INJURY OCCURI 19 21f. LOCATION STREET  , 19 21, ond that in (our) opinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? 20b. IF YE IN CERTIN YES NO YER NATURE OF INJURY IN ITEM 18.	ES, WERE FINDINGS UIFYING CAUSES OF DE ES NO PART 1 OR PART 2)  COUNTY  , 19 25, thou	
Hem 18 shows ony injury, or	MEDICAL	19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF ETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this has	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  21c TW The body after death.	OPERATION WAS PERFORMED  21c. HOW INJURY OCCURI 19 21f. LOCATION STREET  27f. ADDRESS	200 AUTOPSY? 20b. IF YE IN CERTIN CER	ES, WERE FINDINGS UIFYING CAUSES OF DI ES NO PART 1 OR PART 2)  COUNTY  19 75 thousand the causes	

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DE	AIH		REG. NO.	2		, ,	
	(TYPE)	CEASED NAME OR PRINT)	YE.	EN	R,	Blu	stei	n	20 DATE OF C	9	117	179	26. HOUR	5PM
	3. SEX	Female		Caucasi	lan	S DATE O	H DAY	YEAR	6 AGE (IN YEAR	RS LAST BIRTHDA		UNDER I YEAR	HOURS	MIN.
7	CC	RTHPLACE (STATE OR FOUNTRY)	OREIGN	USA	WHAT COUNTR	Y? 8 MARRIE WIDOWE	D NEVER MA	RRIED	9 BALTIMOR	196me	1	FREATH	ity	MD
		ckville	ATH .	(IF NOT IN SUC	H FACILITY, GIVE STRE	SING HOME (	or other instit er Washi	UTION	126 USUAL OF (TYPE OF WORK F	CCUPATION OR MOST OF WO		126 KIND C INDUSTRY Home	OF BUSINES	SOR
5	130 S	L RESIDENCE (IF NURS TATE Vland	13b COUN	ITY	GIVE RESIDENCE BEF	NWN	13d INSIDE CITY	LIMITS?	13e STREET AL		e Po			
1		THER'S NAME FIRST	Unkn	AIODLE	LAST	-	15 MOTHER'S A	sr ah	ΛE	WIODLE	140	Unkno	wn	
-		(AS DECEASED EVER ES, NO OR UNKNOWN)		WED FORCES? WAR OR DATES)	578-09-		Shirley		cson, 1	aîthei 9735 (	sburg Freens	side T	yland errac IMATE INTERY, ONSET AND D	e_
	ATION	Conditions, if ony gove rise to improve rise to improve rouse (o), stoling underlying couse  PART 2. OTHER SIGN  SEN  19a, DATE OF OPERA	, which mediate ag the lost.	DUE TO, O	MENTI	SYMP DUENCE OF O DEATH BUT		VIR OTHE TERMIN	NAL DISEASE	SY? 20	LUS b IF YES, V	I IN PART 111	NGS USED	
The state of the s	MEDICAL CERTIFICATION	21a, ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR.  WHILE NOT WAT WORK NOT WAT WO.  22a. 1 certify that (I) sow the decess obove, (I) (we) (1) (22b. SIGNATURE	CAUSE OF DEA	P. 21e. PLACE (AT HOME, STE	M. MONTH  M. OF INJURY REET, FACTORY, OFFICE  eddeceosed from	19 15, FARM, ETC.)	211. LOCATION STREET  211. LOCATION (my) (o	19.73 ur) opinion d	ED (ENTER NATU	RE OF INJURY IN	YES   ITEM 18, PART	COUNTY	STAT	TE e) lost
	12a B	22d. PHYSICIAN'S N.	D.	PATE		NAMEOFO	6121	Mor	DIRECTOR L	ER	2	ocici	iliz	M)
	Bu	URIAL, CREMATION, PECIFY) VIAI	KEMOVAL	236. DATE 9-19-7			vid Mem.	Gdn.	Falls	Churc	h, Yi	rgini	a	E
		NERAL DIRECTOR	വിപ്പ	cor Mom	ADDRESS P	ookri l	SM of	SI DATE	EP20	1979 256	RESERVE	- Aller	Disease	7

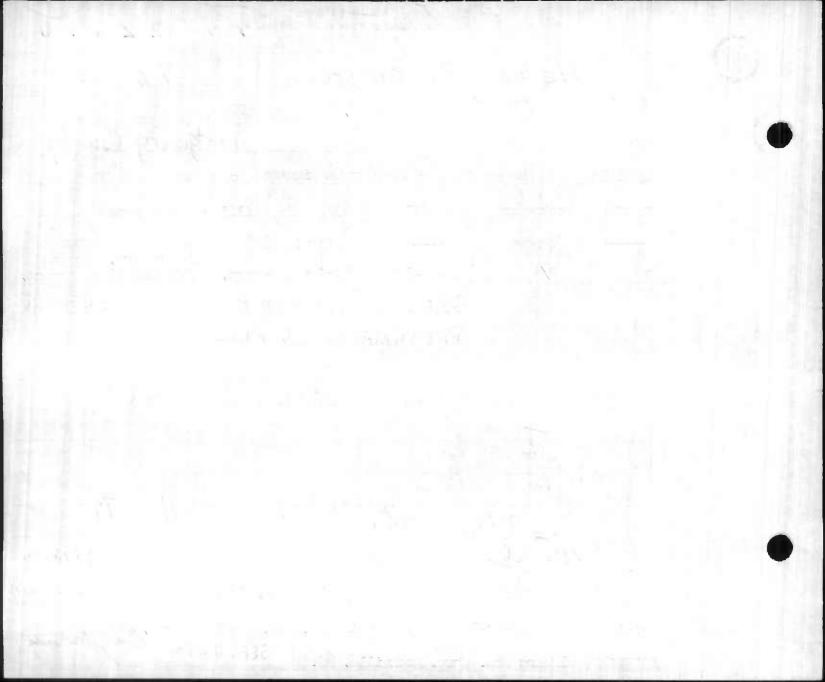
Danzansky-Goldberg Mem. Chap. Rockville,

DHMH - 16-60M 1/75 (VP A 15 (4))

ATTENDING PHYSICIAN

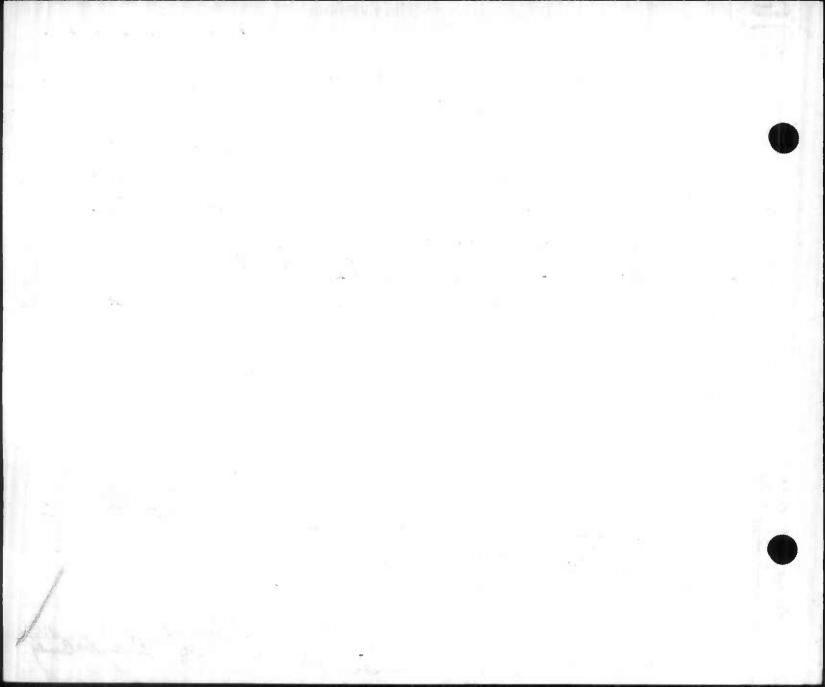
MPCRTANT, If them 21 is marked or them 18 shows any

should be detached for use an eith the State Dept, af Health O FUNERAL DIRECTOR.



	1.	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 7 9 2	2891
eoth eoth		CEASED NAME FIRST CA TO	4n S	Bond		OAY YEAR 20 HOUR - 78 1055
A moy	3 SE		WHITE	S. DATE OF BIRTH  MONTH  DAY  YEAR  1 - 28 - 19	6. AGE (IN YEARS LAST BIRTHDAY)  VRS.	IF UNDER LYEAR OF UNDER 24 HRS
within 72 hou		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? MARRIED WEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	Y OF DEATH MD.
by the	W	Lealon	Ways C	are Mussenell	120 USUAL OCCUPATION (TYPE OF WORK POR MOST OF WORKING LI	12b. KIND OF BUSINESS OR FE) INDUSTRY
ithin 24 hour	13a. S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BE TY 13c. CITY OR TO	ORE ADMISSION   134 INSIDE CITY LIAHTS?  YES   NO   NO   NO   NO   NO   NO   NO   N	13e STREET ADDRESS	right are
ompletely ompletely ombletely	14. FA	THER'S NAME	AIDOLE SCET	the 15 MOTHER'S MAIDEN NA	MEMARINE	Baras
n ond c Poges	16a V	VAS DECEASED EVER IN U.S. ARA (15, NO OR UNKNOWN) (16 YES, GIVE	WED FORCES? 186 SOCIAL SE WAR OR DATES) 578/18	19698 aldra R	Bond-Se	
physic onpope emovol.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	y one cause per line for (a) (b), O BY: E CAUSE (o) CLU (M)	ond resolution Plus	mhoais	BETWEEN ONSET AND DEATH
deoth ottend ove co otion, o		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEC	DUENCE OF		
es that the ned by the please rem urial, crema		couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEC	DUENCE OF		
equires n signe Then p r to bu	TION			ODEATH BUT NOT RELATED TO THE TERM		
The law riction.  Te has bee issit permit.  Shows ony	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
SICIAN- ng physical p	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
ING P	MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	- t- 0	CITY OR TOWN	COUNTY STATE
TTENI Portol For us of He		22e I certify that (I) (this hospit saw the deceased alive on above, (I) (with) (did not 22b. SIGNATURE	1 Sult 19	12 00 1 7 7	death occurred on the sate and has	
the Control		22d. PHYSICAN'S NAME (TYPE OR	Gloon 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8 Suffet 79
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STATE OF MARYLAND



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The state of the s	50 0 0	160 V	VAS DECEASED EVER	N U.S. ARMED FORCES	2 166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	Sil Sna Ma
18. CAUSE OF DEATH (Enter only one course per line for (o. (b.)) and (c.))  PART 1. DEATH WAS CAUSED BY:  MAKEDIATE CAUSE (o)  MAKEDIAT	die ge		(ES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)				
PART I DEATH WAS CAUSED BY  MAREDIATE CAUSE (a)  MAREDIATE CAUSE (a)  MAREDIATE CAUSE (b)  MAREDIATE CAUSE (c)  MAREDIATE CAUSE (d)  MA	o o E		Yes	WW II	216-44-2823	Esther Borti	n, 8101 E	astern Avenue
PART I DEATH WAS CAUSED BY  MAREDIATE CAUSE (a)  MAREDIATE CAUSE (a)  MAREDIATE CAUSE (b)  MAREDIATE CAUSE (c)  MAREDIATE CAUSE (d)  MA	the be					1		APPROXIMATE INTERVAL
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P.M.   19   21d INJURY OCCURED   21e PLACE OF INJURY   21d INJURY OCCURED   21d INJURY   22e INJURY	2 E E E E C		2.00		A.M. MONTH DAY YEAR			
TWORK AT WORK  220. I certify that (I) (this hospital) attended the deceased from 19.79, to 19.79, that (I) (we) los sow the deceased alive an above. (I) (we) (idid) (did not) view the body after death.  220. I certify that (I) (this hospital) attended the deceased from 19.79, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above. (I) (we) (idid) (did not) view the body after death.  220. DATE SIGNED  220. DATE REC'D. BY REGISTRAR 256. REGIST	CI de la CI	A			P.M. 19	The second second		
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220. I certify that (I) (this hospital) attended the deceased from 9/24 19.79 to 9/24 19.79 that (I) (we) loss sow the deceased alive an above. (I) (we) Idid) (did not) view the body after death.  220. I certify that (I) (this hospital) attended the deceased from 9/24 19.79 to 9/24	0 7 5 7	_	AT WORK AT WO	RK L			1	
Sow the decessed olive on 1979, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (I) (we) (did) (did not) view the body after death.  276. DATE SIGNED  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR	alti on mo	100		(this basnital) attended	the deceased from D/2	10 79	10 9/29	10 76 that (It (we) lost
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DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSIC	Print print 2		above, (1) (we) (d	id) (did not) view the bo	dy ofter death.	nd that in (my) (our) opinion dea	th occurred on the date of	nd hour and from the causes stated
PHYSICIAN DIRECTOR PHYSICIAN DIR	A A hos A Ppt.				/	DEGREE		22c, DATE SIGNED
PHYSICIAN DIRECTOR PHYSICIAN  Total Physician Name (Type or PRINT)  Total Physician Director Physician Name (Type or PRINT)  Total Physician Name (Type or PRINT)  Total Physician Director Physician Name (Type or PRINT)  Total Physician Name	T 000 T		12	O. mass		ATTENDING	MEDICAL STAFF	9/20/20
STANLEY M. KIRSON, M.D.  STANLEY M. KIRSON, M.	Al Al det		Douce	ey our	uso-	PHYSICIAN D	RECTOR PHYSICIAN	
STANLEY M. KIRSON, M.D.  STANLEY M. KIRSON, M.	AN Steel		22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)		22e. ADDRESS		
BP 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE  Cremation 10-2-79 Ft. Lincoln Crem. Bladensburg Md.  PHMH-1650M7/77 24. FUNERAL DIRECTOR ROCKVILLE, Md. 25b. DATE REC'D. BY REGISTRAR 25b.	SO HAP			0	A			
BP	H CO CO		STANL	LEY M. KIRS	ON, M.D.	5410 Conn.	Avenue N.W.	Wash. D.C.
BP Cremation 10-2-79 Ft. Lincoln Crem Bladensburg Md  PHMH-1650M7/77 Pt. Lincoln Crem Bladensburg Md  Rockville, Md 25s. DATE REC'D. BY REGISTRAR'S SIGNATURE.	5 5 5 4 3 ₹	23a F	SURIAL CREMATION	REMOVAL TOTAL	23c NAME OF C			
DHMH-16 50M 7/77 24. FUNERAL DIRECTOR ROCKVILLE, MC 250. DATE REC'D. BY REGISTRAR' 25b. RECISTRAR'S SIGNATURE	601			TEMOTAL TOUR		EMETERY OR CREMATOR?		COUNTY STATE
DHMH-16 50M 7/77 24. FUNERAL DIRECTOR ROCKVILLE, MC 250. DATE REC'D. BY REGISTRAR' 25b. RECISTRAR'S SIGNATURE	BP		Cremat	ion   10	-2-79   Ft. I	incoln Crem.	Bladensh	ura Md
(VRA 15 (4))  Danzansky-Goldberg Chap &s 1170 Rockville Pike UCT 0 5 1979  Danzansky-Goldberg Chap &s 1170 Rockville Pike UCT 0 5 1979	DI 1441 14 5044 5 CT	24. FI			Rock	WITTE MA 250. DATE RE	EC'D. BY REGISTRAR 256.	RECISTRAR'S SIGNATURE-
Panzansky-Goldberg Chap &s 1170 Rockville Pike 001001979			blasse	. 71 ~	ADDRESS	VIII	0 5 1070	liston Maland.
	(100 10 (4))	hai	izansky-Go.	laberg Chap	es; 11/0 Rockv	TITE LIKE OF	0 0 1313 7	7
						96		

2b. HOUR

126. KIND OF BUSINESS OR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH Ear 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 4 RACE 5. DATE OF BIRTH Apr. 10, 1904 MONTHS DAYS 75 Male White Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF FOREIGN MARRIED ENEVER MARRIED USA Pennsylvania WIDOWED DIVORCED [ lont as mery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCURATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ver Spring Attorney Vet. Adm. ., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138 STATE 136 COUNTY 138. CITY OR TOWN 8101 Eastern Avenue \$13d. INSIDE CITY LIMITS? Sil Sna Maryland | Monta YES 12 NO [ DIVISION OF VITAL RECORDS, 201 W. PRESTON

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nding physicion ond completely filled in by the funerol d corbonpopers. Pages 1 ond 2 should be filed within 72 h

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

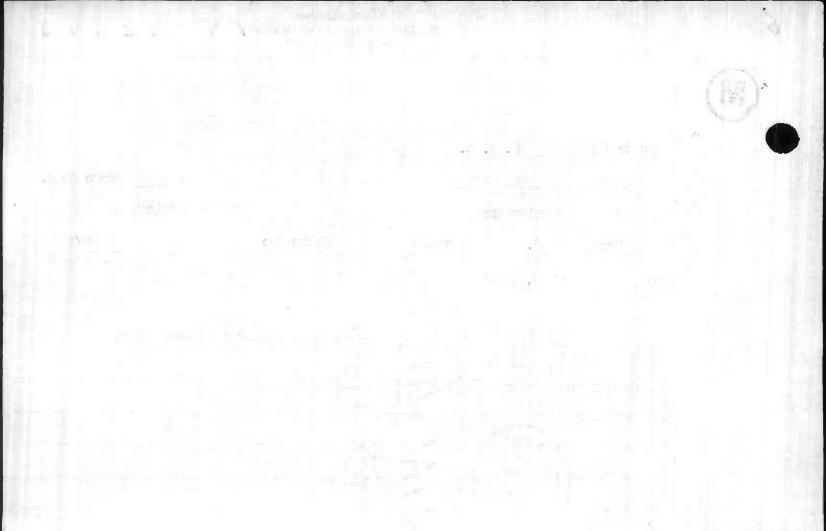
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	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	NO			
	CEASED NAME	FIRST	A	MIDDLE	l l	LAST	20 DATE OF DEATH		OAY YEAR	2b. HOUR	
TITPE	OR PRINT)	Edward	Tho	mas	Bren	nan	September	25,	1979	5:45 am	
3. SE	X		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
]	Male		White	2		28, 1921	58	Y	RS MONTHS DAYS	HOURS MIN.	
	RTHPLACE (STA	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COU	INTY OF DEATH		
	Australi	a	U. S.	Α.	WIDOWE		Montgamery	7 Co	unty,	MD.	
	ITY OR TOWN	OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR	
	ethesda		The Cli	inical Ce	nter	(NIH)	Diplomat		State	Dept.	
USU.	AL RESIDENCE STATE	(IF NURSING HOME COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS				
_	ryland	Mor	ntgomery	Bethesd	a		13e STREET ADDRESS 9104 Kirk	dale	Road		
14. FA	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NAM			TA LA	ST	
)	Willian		₹.	Brennan		Katherine			Dono	van	
	VAS DECEASED	EVER IN U.S. A	E WAR OR OATES)	166 SOCIAL SECU		17 INFORMANT	ADDE	RESS (	same as a	above)	
Ye	S	WWI	I, Korean	579-14-7	251	Mrs. Denise	m. Brennan	(wi			
	18 CAUSE OF	DEATH Enter o	nly one cause per	line for (a), (b), on					APPROX BETWEEN	ONSET AND DEATH	
	PARTI. DE.		TE CAUSE (o)	Cardio I	Pulmor	nary Arrest					
	205	A	DUE TO O	R AS A CONSEQUE	ENCE OF						
	Conditions, if ony, which ( h) Acute Myelogenous Leukemia with blastic cris										
		o immediate	)								
		couse lost.	DUE TO, OF	r as a conseque	ENCEOF				100		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								GIVEN IN PART 1/		
NO	THE 2 OFFICE OF THE PARTY CONDITIONS CONTRIBUTION OF DEATH OF RECALL FOR THE PERMITTER OF T										
CERTIFICATION	190 DATE OF C	OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FINDI		
IFIC										YING CAUSES OF DEATH?	
CER	21a. ACCIDENT V	VAS UNDERLYING [	21b. TIME O			21c HOW INJURY OCCUR		URY IN ITEA	-42		
		G CAUSE OF DE			AY YEAR						
MEDICAL	21d INJURY O		21e. PLACE		14	21f. LOCATION					
WE	WHILE AT WORK	NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	NWN	COUNTY	STATE	
			nitol) ottended the	e deceased from	Aug.	12, 10 79	sept.	25,	19 79	that (Xwe) last	
	sow the c	deceased alive of	Sept.	25, 19	79	nd that in (🌠) (our) opinion (	deoth occurred on the	dote ond			
	22b. SIGNATU		ot) view the body	ofter deoth.	-	DEGREE			22s. DATE	SIGNED	
	8	DIC H.	Western		1	41) ATTENDING PHYSICIAN	MEDICAL STA	AFF	9/2	5/79	
	22d. PHYSICIA	N'S NAME (TYPE	OR PRINT)			22e ADDRESS				3/13	
	Er	ic H. We	estin, M	0		National In Clinical Ce	stitutes of	Hea	alth Md 202	05	
23o E	BURIAL, CREMA	TION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
E	specify) Surial		Sept 29	, 1979 Ro	ock Cr	reek Cemetery	Washin	ngtor	n, D. C.	STATE	
		or Jose	ph Gawle	r's,Sons,	Inc.	25a. DAT	EREC'D. BY REGISTRA	25b. RE	GISTRAR'S SIGNA	TURE /2	
5.	L30MEWis	consin A Vashingto	venue, c	r's Sons, 20016			00102197	3	horales	- Creaty	

DHMH - 16 50M 1/76 (VR A 15 (4))

<sup>24</sup> FUNERAL DIRECTOR JOSEPH Gawler 5130 Wisconsin Avenue, N. Washington, D. C.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or ottending physicion.



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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at once.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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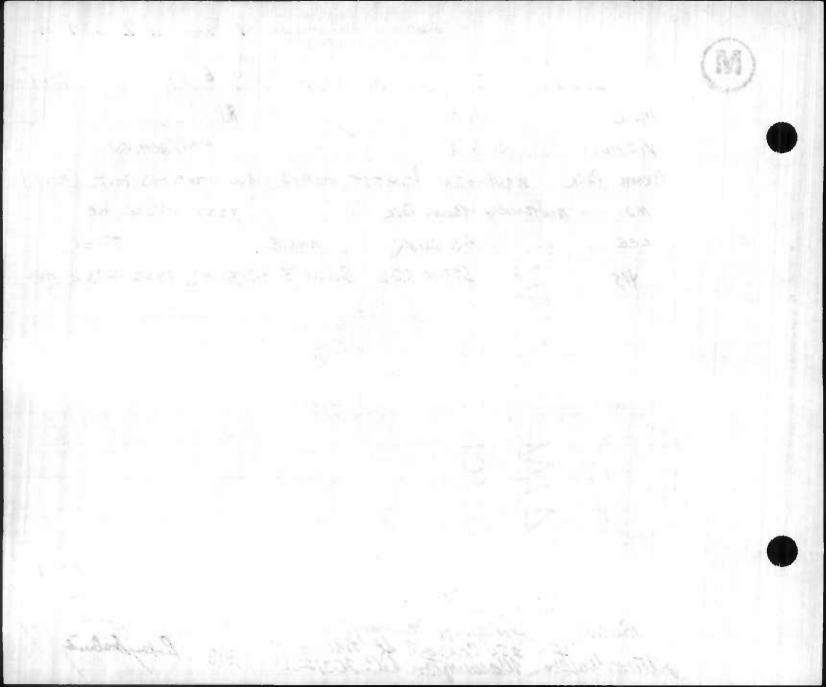
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
TYP	ECEASED NAME FIRST	MIDDLE	Bru baker	9 - 6 - 7 9	DAY YEAR 26. HOUR
3 SE	LAUAS EX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
1	male	414175	7 81 1898	8/	MONTHS DAYS HOURS
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
3	VIRGINIA		WIDOWED DIVORCED		MERY
1 10.0	A LANGA PAOL	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STRET AD		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINES
USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AL		ACCOUNTANT-FE	D GOV/ (YCE)
130.	MD. 136 COU	THOMERY TAKOMA PAL	YES NO NO	7 222 SPR	UCE AVE
14 F.	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST
160	WAS DECEASED EVER IN U.S. A	BRUBAKES IN SOCIAL SECURI	ANNIE	ADDRESS	JONES
		ve war or dates) 577-10-35			22 SPRUCE AV
	18 CAUSE OF DEATH Fotos	only one cause per fine for (a), (b), and		DAUGAIVER, 12	APPROXIMATE INTERV
	PART I. DEATH WAS CAUS		rellation = ca	woling arest	ruinet
	410-	DUE TO, OR AS A CONSEQUEN	CE OF	01/	) 1-1
	Conditions, if ony, which	( b) acute	myscardial in	Rut Autistate	1/ /2 day
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUEN	CE OF	wait failure	0.0
	underlying couse lost.	1 afer of a	lestic marka	reach	free ?
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
ATIO	190 DATE OF OPERATION	19b. CONDITION FOR WHICH O		20a AUTOPSY2 20b.	IF YES, WERE FINDINGS USED
CERTIFICAT				YES NO	CERTIFYING CAUSES OF DEATH
E E	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY		RRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
CAL	OR CONTRIBUTING CAUSE OF D	CAIN	19		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARI	M, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STA
	AT WORK - AT WORK		440 126 1073	Gul 6	77
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	obove, (1) (we) (did) (did r	ot) view the body ofter death.	DEGREE		77c DATE SIGNED
	Trolly 6	V. Melly	/ A . ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	9-7-79
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	1 1	0-0
	7. W. B	RENNWALD	831 Ulli	ente, glid 5	· Situe offices!
	BURIAL, CREMATION, REMOVA		ME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY - PTOTE STATI
24.5	Burial	Dept.10.1479 1107	no cacy Centery	Bealesville	Mont - 11
24 F	PUNERAL DIRECTOR	254 Carroll	A TINU. So. DA	TE REC'D. BY REGISTRAPIECE	the state of
H	WHUID WOLLD	Washing By	CIC HOGIZSEP	191010	/

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL

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OR ATTENDING PHYSICIAN: The



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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
STATE	CERTIFICATE OF DEA

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9
CERTIFICATE OF DEATH	

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- 1		REGISTRAR			CERTIF	ICATE OF	JEAIN	REG	NO.					
		CEASED NAME FIRST		MIDDLE	- 1	AST		20 DATE OF DEATH		H DAY	YEAR	2b. HOUR		
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	3 SE)	(	4 RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)		INDER 1 YEAR	IF UNDER 24		
		Female	White		3	16	96	83		YRS.	THS DAYS	HOURS	MIN	
ATTA		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER	MADDIED [	9 BALTIMORE CITY	OR CO	UNTY OF	DEATH			
7		w Jersey	USA		WIDOWE		VORCED	Montgome	ry				MD.	
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5	130. S <b>Ma</b>	ryland Mon	other institution ITY gomery	Silver	Spring	13d. INSIDE C	NO 🗌	505 Scott	S Dri	ve				
	14 FA	THER'S NAME	AIDDLE	LAST		15 MOTHER	S MAIDEN NA	AUDDIS			LA:	7		
0		Henry John G	ottho1d				Louise	Bass						
	16a ∨ (Y	VAS DECEASED EVER IN U.S. AR TES. NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	166 SOCIAL S		Garth	Burley:	son Silve	cott r Sp	Dri	ve , Mar	yland		
		18 CAUSE OF DEATH Enter on	y ane cause per	fine far (a), (b)	and ic						APPROX BETWEEN	IMATE INTERVA	ATH	
		PART I. DEATH WAS CAUSE DY:  IMMEDIATE CAUSE DI  MYOCARDIAL INFARCATION										1 day		
		410 - DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if ony, which ( 16) Congestive Heart Feilure 4-50										dzys		
	10	gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF												
		underlying couse last Corevery ARTERY HEART DISEASE									Years			
		PART 2. OTHER SIGNIFICANT O	ONDITIONS C							N GIVEN	IN PART 1	a ·		
	NO O													
1	ATI	190 DATE OF OPERATION	19b COND	ITION FOR WH	ICH OPERATIO	WAS PERFO	RMED	200 AUTOPSY?			ERE FINDI			
1	MEDICAL CERTIFICATION							YES NO		YES [	AUSES	OF DEATH?		
	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF II	UJURY IN ITE	M 18, PART	OR PART 2)		3530	
Ì.	AL	OR CONTRIBUTING CAUSE OF DEA	101	M. MONTH M.	DAY YEAR									
	9	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATE	NC							
	W	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFF	ICE, FARM, ETC.)	STREET		CITY OR	TOWN		COUNTY	STATE	2	
		220.1 certify that (I) (this hospi	al) attended th	e deceased fro	m (0)	7 9	10 78	10 Sept		10	79	that (I) (we	) lost	
		saw the deceased alive on abaye (1) (we) (did) (did no	Sep	t 7	000	d that in (my)	(aur) apinion (	death occurred on the	dote on	d hour or				
		22b. SIGNATURE	olew the bady	offer death		DEGREE	_				22c. DATE	SIGNED	_	
		+up	1		/	4.2	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF		9-1	1-79		
	26.1	22d. PHYSICIAN'S NAME (TYPE OF	PRINT)			22e. ADDRES	S							
		ROBERT 3	3. /IR	EY		11161	New	Hampshire	Av	2 5	ilver :	Spring	,MI	
	(5	URIAL, CREMATION, REMOVAL	23b. DATE		3c. NAME OF C			23d LOCATION CITY OR TOWN		COL	JNTY_	STATE		
	B	urial	Sept.	14,79	Cedar H	ill Ce	metery	Suitland	1, P1	rince	Geor	ge, Md	•	

DHMH - 16 50M 1/76

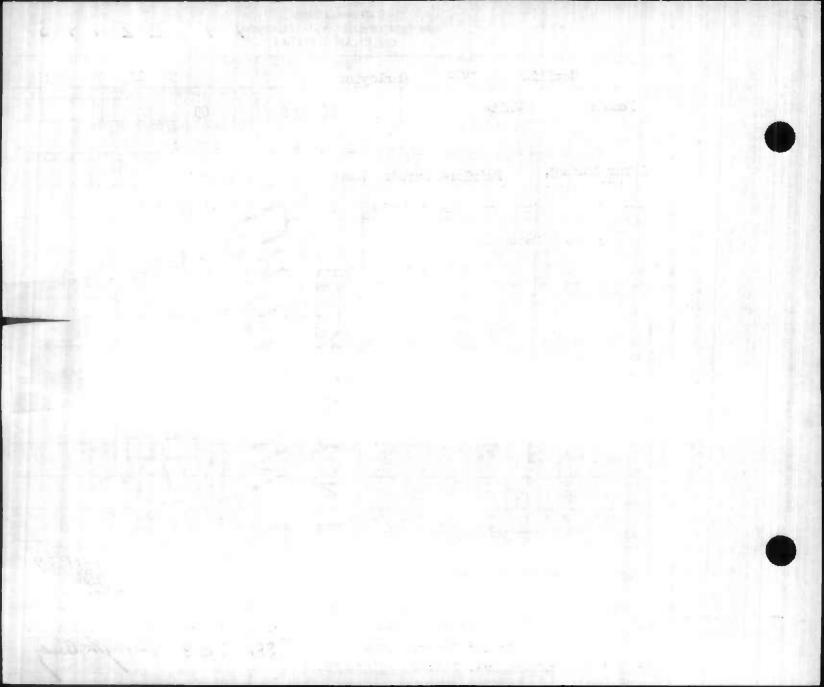
(VR A 15 (4))

TO FUNERAL DIRECTOR.

Suitland, Prince George, Md.

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home

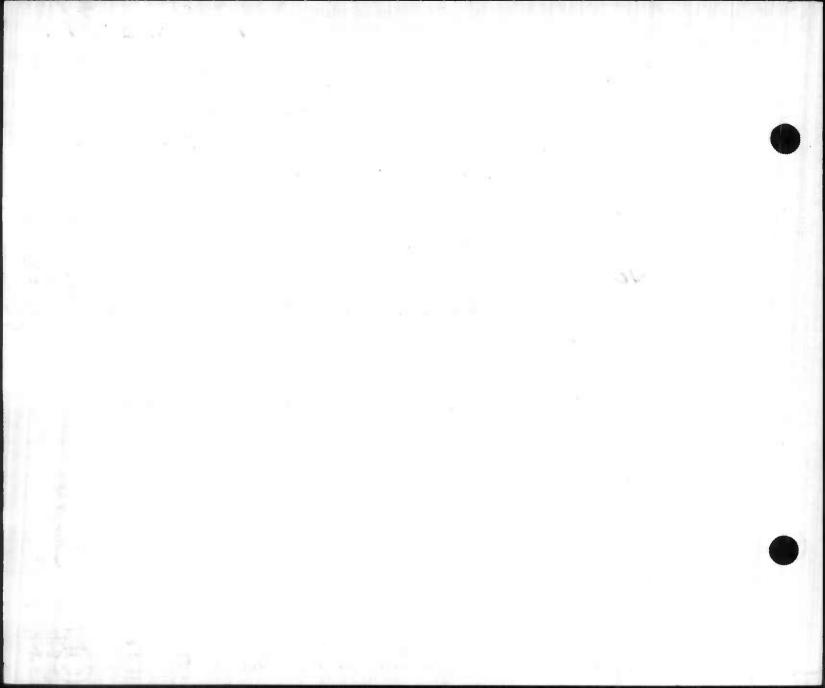
11800 New Hampshire Ave. Silver Spring, Md



STATE OF MARYLAND

And the state of t Sorosoff municipal constant 577-10-2270 Charles B. Busenan some as 1 Te The form Constant Constant Rock of the Manta country Too thingself about the Singa Sering W. at 10000 30

					STATE OF MARYLAND	
	(2)		1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  ZEG. NO.	2897
	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			CEASED NAME FRST	2.41	9 79 9 55 AM
	ge 4 may ector, pa		3. SE	female	Black S. Date OF BIRTH DAY YEAR 6 AGE (IN YEARS LAST BIRTHDAY)  NONTH SAGE (IN YEARS LAST BIRTHDAY)  YEAR 73  YEAR 73  YEAR 73	FUNDER 1 YEAR IF UNDER 24 HRS
		35	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	ARRIED NEVER MARRIED MONTGO	MERY MD.
	s of	90	K	ockulle	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, (179E OF WORKING LIFE	17b. KIND OF BUSINESS OR INDUSTRY
	- e .	34	130. 5	Md. Mo	ntg Gaithersburg YES NO 520/ Griffit	to Rd.
	omplet and 2	BC		THER'S NAME FIRST HOWAR	PRATHER ROSIE LANCAS	TER
	be exection and c	e medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS E WAR OR DATES) 213-42-8278 HELENA HAWKINS 354	nersburg, ma
		sc event, the		PART I DEATH WAS CAUSE	TECAUSE (0) FORKINSONS ///Sedre	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  FEDURES  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	the death of the attendir remave car emation, ar	injury, or other troumond		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	1
	gned by the please in please burial, cre	ry, or oth		underlying cause last PART 2 OTHER SIGNIFICANT	(c)	EN IN PART I(a)
	beer mit	any	CERTIFICATION	CEVELV	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
	SICIAN. The land physician. certificate has rial-transit per ental Hygiene	2 9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, P	S NO ART 1 OR PART 2)
	A bu	ed or Hea	MEDICAL	(IF EITHER, NOTHY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOT WHILE	P.M. 19  210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET CITY OR TOWN	COUNTY STATE
	TENDING tal or o OR: Afte	is morked		22a I certify that (1) (this hosp	stended the deceased from 19 20, 19 19 to SEAT-19 19 19 19 19 19 19 19 19 19 19 19 19 1	19 24 , that (I) (we) last
	bire hasp DIRECT ached f	H He H		22b. SIGNATURE	DEGREE  WATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	221. DATE SIGNED  9-10-76
	HOSPII ined b FUNER old be	MPORTAN		Jack Sch		d- 20760
)/	BP O SE	3		BURIAL, CREMATION, REMOVAL BURIAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION GIVEN TOWN GOVERNOON GATHERS BU	COUNTY MONEY MA
	DHMH-16 29 (VRA 15, 4) 7		74.F	ineral director Sneorge R. Sn	owder Rockville, Md SEP 21 199	Listing to Breefy



-	1.	FOR STATE REGISTRAR			FHEALTH AND MENTAL HY	YGIENE / 9	2 2	8 9 8
15		CEASED NAME FIRST OR PRINT) HEREN X	MIOOLE  A. RACE	LS DAY	anning EOF BIRTH	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR 79 4 2 A
1	7s. BI	RTHPLACE JISTATE OR FOREIGN	Whi	COUNTRY? 8	r11 1 189	3 86	YRS.  OR COUNTY OF DE	
199		New York TY OR TOWN OF DEATH		WIDO	WED NEVER MARRIED L WED DWORCED DOWNCED DE OR OTHER INSTITUTION	120. USUAL OCCUPAT	10N 12b	MERY A  KIND OF BUSINESS C  DUSTRY
0/0	JUSU.	ethesda AL RESIDENCE (IF NURSING HOME OF TATE 1136 COU	Deshest ROTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSK		House	wife	JOSIKI /
ser and		Md Mor	t S		YES X NO 15. MOTHER'S MAIDEN N	13001 Tw	o Farm I	Or.
\$50	16a. V	Thomas VAS DECEASED EVER IN U.S. A		ahan OCIAL SECURITY NO	Mary 17 INFORMANT	MIDDLE	RESS	UNK
he medic	(1	(IF YES, GI	120		4JIJohn F.	Canning (S		as above
i buriol, crematian, ar remavury, or other troumatic event	z	Conditions, if any, which gove rise to immediate couse [a), stating the underlying couse lost	DUE TO, OR AS A  (b)  DUE TO, OR AS A	CONSEQUENCE OF		La Lago Learlos RMINAL DISEASE OR COM	Nescas INDITION GIVEN IN	yRS PART 1(0)
2 mons on in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERA	ION WAS PERFORMED	20a AUTOPSY?  YES NO	206. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
ltem 18 s	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	NONTH DAY YE	AR   9	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OF	PART 2)
orked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJ (AT HOME, STREET, FAC	TURY CTORY, OFFICE, FARM, ETC.	211. LOCATION STREET	CITY ON TO	COI	OUNTY STATE
: If Item 21 is m		22a I certify that (I) (this has sow the deceased alive a above, (I) (Wei) did) (did no 22b. SIGNATURE	-1122	19 79	ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	2	that (I) (we) lo from the couses stated
MPORTAN		22d. H. N'S NAME (TYPE	13 em	ock m	220 ADDRESS 2//3	Polie DR.	Whee	Jan, MI
· ·	C.	SURIAL, CREMATION, REMOVA SPECIFY) Cemation	23b. DAJE 9/25/79		rcemetery or cremator ncoln Crema	tory Brent		G Md ATATE
/77		JNERAL DIRECTOR	11	ADDRESS		SER 2 5 1979	256. REGISTRAP'S	519 Welterdy

STATE OF MARYLAND

AND THE SELECTION IS NOT THE ADDRESS.

DHMH - 17 (VR A15 ME (5)) 15M 7/76

,					and the second second second		MARYLAND			- Fa	13 5	
		OR STATE			EPARTMENT O				2	2 3	9	1
	F	REGISTRAR		MED	ICAL EXAMI	NER'S		FDEATH	REG. NO.			
		CEASED NAME OR PRINT)	E FIRST	OF ESTI-					MONTH DA		2b. HOUR	
			John		J.		arduff		ATH MATED	9-27	19 74	M
	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR LAST BIRT		DER 1 YR. IF UNDER :	MIN PRON	OUNCED G	MONTH DA	Y YEAR	2d. HOUR
		Male :	Cauc.	11-29-2		YRS.		100	EAD JT)	1 ptor	19/11	AM
1	FOR	RTHPLACE (5'		76. CITIZEN OF WHA		8. MARR	IED NEVER MARRIE	ED 9. BAI	LTIMORE CITY OF	7	DEATH	
2			rginia		5. A.	WIDOV	43		11000	9000	214	MD.
		YORTOWN			ITAL, NURSING HO		HER INSTITUTION	FOR MOST OF	CCUPATION (TYPE)		OR INDUSTR	Y
		len E			niversit		enue	Retir	ed Kest	auran	t Own	er
1	13a. ST	ATE	13b. COUNT		13c. CITY OR TOWN	1	134 INSIDE CITY LIMITS?	13e. STREET AD	DDRESS			
0		ryland		gomery	Glen Ec	ho			Univers	ity A	venue	<u> </u>
		THER'S NAME		MIDOLF	LAST		15. MOTHER'S MAIDE	N NAME	MIDOLE	10	LAST	
)(		Jo.hn		Jo seph	Carduf		Elsie	HALVEL			orris	
1		S. NO, OR UNKNO	D EVER IN U.S. ARM		235 - 20 -		17. INFORMANT		3146DREG1	en Av	enue	001
		No			233-20-	0137	David Ca:	rauff	Salisb	ury,	Md.21	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:										AND DEATH
		42	MMEDIAT	E CAUSE (a)	ronary	1150	officiency	y Ac	ore -			
		72	12	DUE TO, OR A		E OF	1 0					
		gave ri	ns, if any, which se to immediate	(b) C		250	ular Pi	2 625	m.			
	6.5	cause (a lying cau	) stating the <u>under-</u> use last.	DUE TO, OR A	AS A CONSEQUENC	E OF						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
	CERTIFICATION		1	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?						1	Jan	
2	ICA	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OF	PERATION V	VAS PERFORMED?			20	. AUTOPSY?	
2	RTIF	o) EVIERAL	AL CAUSE WAS	231 THE OF	IN (III IN)	In the	0.000		<i>2</i>		YES .	ИОХ
3	I CE	UNDERLYING		21b. TIME OF HOUR A.M.	MONTH DAY YE		OW INJURY OCCURRED	D (ENTER NATURE	OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)		
	EDICAL		NG CAUSE OF D		FINJURY (AT HOME	1015.16	CATION					
	MED	21d, INJURY (			DRY, FARM, ETC.)		STREET	CITY	OR TOWN	COUNTY		STATE
		AT WORK	NOT WHILE AT WORK									
16		22a. I certi	fy that I taak charge	e of the remains desc	ribed abave, held ar	Auta <sub>1</sub>	osy . Inspection	lnq	uiry X, and	d in my apinian		
		death result	ed fram: Nature	al causes X,	Accident .	Suicide	], Hamicide	Undetermine	ed manner .			
7		ACTUAL	10				TITLE (SPECIFY)				060	1 10-
_		ACTUAL SIGNATURE	John	n & 13	le	^	A.D. Deputy	MEDICAL E	XAMINER	SIGNED	eP.t.2	2,1119
2		EXAMINER'S	NAME	Tah- C	D = 1.1		7936		Georget			/
		TYPE OR PRI	NT)	John G.					Maryla	nd 2	0014	
	23a.BL	"ECIFY)	TION, REMOVAL 2				OR CREMATORY	23d. LOCATIO	/NI	COUNTY	STA	ATE
	04.5		irial	9-25-79			Cem.	Clar	ksburg,	West \	lrgi	nia
		NERAL DIREC	KUBE.	RT A ACOPU		FUNER	AL 250. DATE R	E AR BAKE	ZKAY Y YEEGIS	THERMON	SPERCE	storty
	HOMES, P. A., Bethesda, Maryland											1

NE REAL STRUCK in the state of th then echo - /2.2 (miverante desarte positived instantant Conter January of the Chair Sellsmire, Mc.218 The same of the sa La Contract State Contract Con Die of Contents of the Contents with Chair . smale Anthesia, was taken and ak as M. Jacob Lincope School Del Long Committee Committ Band vall , shredge | Nar land

FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

Male

13e STATE

Indiana 14. FATHER'S NAME

FIRST Robert

Burial

24. FUNERAL DIRECTOR

Funeral Home

To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana

II. CITY OR TOWN OF DEATH Gaithersburg USUAL RESIDENCE (IF IN NURSING I

160. WAS DECEASED EVER IN U. (YES, NO, OR UNKNOWN) Yes

18 CAUSE OF DEATH (En

PART I DEATH WAS CA

IMM

4. RACE

Cauc.

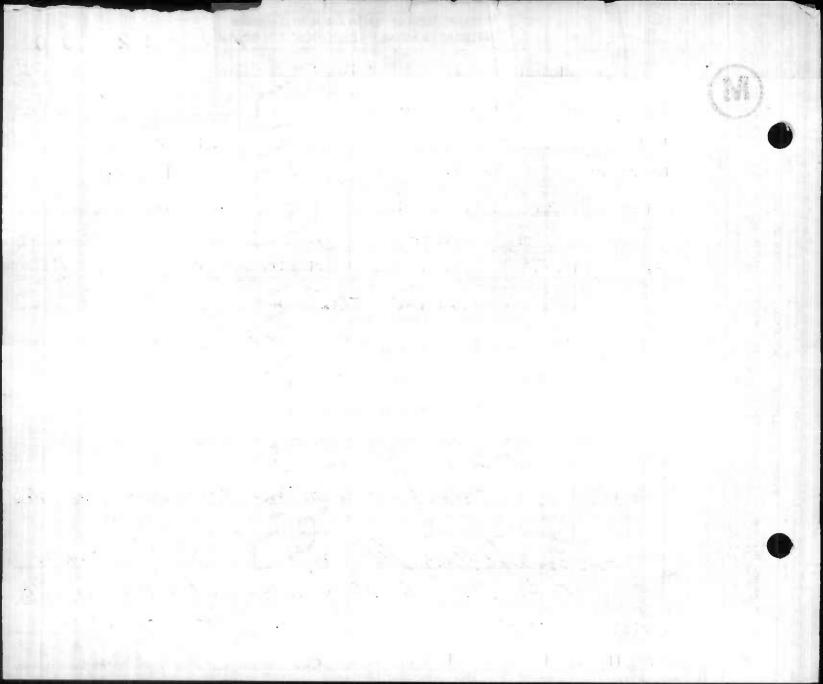
			MENT OF H	HEALTH		NENTAL H		2014			
31-7			XAMIN			CATE	OF DE	REC	3. N2 2	90	0_
ST		WIDDLE			LAST			20. DATE KNOWN	N MONTH	DAY YEAR	2b. HOUR
ichael	1	J.		CARI	THERS	<i>j</i>		DEATH MATED	0 9	4 19 74	JAM
Jur	ne 19 1	958	6. AGE (IN YEA LAST BIRTHDA 21 YR	AY) MONTH	DER 1 YR.	IF UNDER	R 24 HRS.	PRONOUNCED DEAD	MONTH 9	DAY YEAR + 1979	2d. HOUR
	ITIZEN OF WHA	AT COUNT	RY?	8. MARRIE	ED N	EVER MARR	RIED 🔽	9. BALTIMORE CI	TY OR COUNT	Y OF DEATH	
	USA · wido					DIVOR	Z	Montgome	erv		MD.
	11. NAME OF HOSPITAL, NURSING HOME, OR OT (IF NOT IN SUCH FACULTY GIVE STREET ADDRESS)  ROUTE 270				ER INSTITU	TION	12a US FOR	12b. KIND OF BUSINESS OR INDUSTRY			
OME OR OTHER	NSTITUTION, GIVE	13c. CITY C			1.24 ANCINE	CARN LHAITES		REET ADDRESS		,	
Parke		_	sedale		YES T	NO []			119		
MIDDL D. S. ARMED FO GNE WAR OR I 176-79	ORCES?	Carith 166. SOCIA 310	72 330	YNO.	W i			R. ADDR	RESS		
AUSED BY: EDIATE CAU which diate	DUE TO, OR A	ULT AS A CONS	IPLE SEQUENCE C		TRAL	mM				APPROXIMATI BETWEEN ONSE	
	(c)										
TIDNS CONTRIBU	UTING TO DEATH BU	IT NOT RELATE	D TO THE TERMI	NAL OISEASE	OR CONDITIO	N GIVEN IN PA	ART I (a),				
	19b. CONDITIO		HICH OPERA	ATION WA	AS PERFOR	MED?				20. AUTOPSYS	NO []
OF DEATH	21e. PLACE OF	MONTH I	4 19 7	21f. LOC	AR	OCCURRE	-	R NATURE OF INJURY IN ITE	F D		
	STREET, FACTO	RY, FARM, ETC	-		TREET 2.7	72Mil	124	GAITHLA.	SOURG	MARIT	STATE

25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Canditions, if any, v gave rise to imme couse (o) stating the u lying couse lost. PART 2 OTHER SIGNIFICANT COND CERTIFICATION 19a. DATE OF OPERATION 21g. EXTERNAL CAUSE WA OR UNDERLYING MEDICAL CONTRIBUTING CAUSI 21d INJURY OCCURRED AT WORK AT WORK NOT WHILE Autopsy 🗶 Inspection X Inquiry X 22a. I certify that I took charge of the remains described above, held on and in my opinion death resulted from: Hamicide Undetermined monner TITLE (SPEC SEGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Haute, Indiana Terre 9-7-79 Highland Lawn Cem.

Washington, D. C.

BP. **DHMH - 17** (VR A15 ME (5)) 30M 7/73



BP. OOO ODHMH - 17 (VR A15 ME (5)) 15M 7/76

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. 2	2	9	0	
, Ga	6		0	
REG. NO.				

1	FOR STATE REGISTRAR								MENTAL	OF DEA	ATH	REG.	2 2	9	0	i
	DECEASED NAME (TYPE OR PRINT)	NE FIRST			K.			LIN,			DEATH	KNOWN ESTI- MATED	□ 9-	- 6	1979	26. HOUR
	M	W	S. DATE OF E	7	23	55	YEARS IF UNHOAY) MONT	DER 1 YR	R. IF UNDE	MIN.	PRONOUI DEAD	INCED D	MONTE 9 -	6	19 79	9 8 AM
1	BIRTHPLACE (ST FOREIGN COUNTRY) Marylan	nd	76. CITIZEN	USA	A		WIDOW	WED 🗍		RCED 🔀	MON	MORE CITY	MERY	COU	UNTY	MD.
	BETHES	SDA	SUBU	URBA	AN HO	OSPIT	TAL	IER INSTIT	UTION	FOR	SUAL OCCU R MOST OF WOI armer	ORKING LIFE)	TYPE OF WOR	0	KIND OF BL OR INDUST armin	TRY
13a	Maryla FATHER'S NAME FIRST Willia	E	MIDDLE Kenne	ery eth	Bo Car		. Sr.	YES	HER'S MAII	POXIDEN NAME	REET ADDRI	RESS 5 Old MIDDLE	Larma	cklo	odge LAST	Lane
=	NO. OR UNKNO		WAR OR DATES)		217-	-30-5			nces	R. (	Carli	in I	5610 Fall:	s Ch	secro	
	gave ris cause (a) lying cau	ons, if any, which rise to immediate a) stating the <u>under-use last</u> .	(b), DUE T	TO, OR A	AS A CONS	SEQUENCE	Vas EOF			Disc	e 3 3	er				
NOLE OF THE OWNER	19a. DATE OF	FOPERATION	19b. C	CONDITION	ON FOR W	VHICH OPE	ERATION W	VAS PERFC	ORMED?					20.	AUTOPSY	Y? NO X
		AL CAUSE WAS GOR ING CAUSE OF D	HOU	TIME OF I UR A.M. P.M.	INJURY MONTH (	DAY YEA		IULNI WO	RY OCCUR	RRED (ENTER	NATURE OF IN	NJURY IN ITEM	18 PART I OR	(PART 2)		
***	CONTRIBUTION  21d INJURY CONTRIBUTION  WHILE  AT WORK	OCCURRED  NOT WHILE  AT WORK	21e. P	LACE OF	OF INJURY ORY, FARM, ETC	(AT HOME, C.)		OCATION STREET			CITY OR TO	OWN		COUNTY		STATE
2	22a. I certii death results ACTUAL SIGNATURE EXAMINER'S	9	e of the remo	S.	Accident [	O, s	Autop Suicide	Han M.D.	Inspect micide (SPECIFY) FUT 7936	Unde:	Inquiry etermined m EDICAL EXA/	manner [	and in my  DAT SIG	TE S	iepfa	2,197
230		ATION, REMOVAL 23	3b. DATE			IAME OF CE	emetery c	OR CREMA	ATORY	23d. LC	LOCATION TY OR TOWN		C	COUNTY		STATE
	FUNERAL DIRECT	Moleswo		ADDRESS	masc		Marv		CED	1 0 19	Y REGISTR	AR 25h RE	. 1	'S SIGNA		Md.

TATELON CONTROL STREET A STATE OF THE PARTY OF THE PAR Appendix Is a mile of heart and in a testing The state of the s HOLDER TO THE PARTY OF THE PART CONTRACTOR OF THE PROPERTY OF

STATE OF MARYLAND

John Crier 10 12 1 7 8 1 l so er eninges contint ogsit l or, and was see the prince to be a second of the prince to The or other a consent of distribution was the May Lind at 12 per inot bet 

18	BH	10

executed within 24 hours after

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

TO HOSPITAL

# FOR

STATE OF MARYLAND					
EPARTMENT OF HEALTH AND MENTAL HYGIENS	9	2	2	9	
CERTIFICATE OF DEATH	•	-	-		
dekt tit tertite of peritit	REG	NO			

3

	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO				
1. DECE	ASED NAME	FIRST	WIDDLE	1	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR		
		TONY	JOSEPH	CAT	ROMBONE	SEPTEMBE	22,	1979	10:55		
3 SEX		4. RACE		5. DATE (		6 AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DAYS	IF UNDER 24 H		
	MALE		WHITE	JUN	E 16, 1924	55	YR	S			
7a. BIRT	HPLACE (STATE OR FO	- 2	EN OF WHAT COUNTR	MARRIE WIDOWE	D NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY MONTGOI					
1	OR TOWN OF DEA		ME OF HOSPITAL, NUR OT IN SUCH FACILITY, GIVE STR CLINICAL	SING HOME (	DR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Retired,	TION	12h KIND C	OF BUSINESS		
3 13a ST		136 COUNTY	TITUTION GIVE RESIDENCE BEI	NW	13d. INSIDE CITY LIMITS?						
	rginia _	Fairfa	x Falls	Churc	NO X	5597 Se	mina	ry Road			
28	Vincen:	Z O WIDDLE	Catrom	bone	Ange1	ina		Macrina	a.		
(YES		IN U.S. ARMED FOR	ATES)		17 INFORMANT	ADD	27 R	oberta B	ay		
Or	Unknown   147-12-1552 Miss Theresa Catrombone Sper										
	18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10, Cardiac Arrythmia										
100	1519	DUE	TO, OR AS A CONSEC	DUENCE OF							
	Conditions, it ony,		Gastric C	arcinor	na			3 mor	nths		
	gove rise to imm couse 101, stotun	g the DUE	TO, OR AS A CONSEC	DUENCE OF							
	underlying couse	lost	Sepsis					1 Wee	ek		
	PART 2. OTHER SIGN	IFICANT CONDITION	ons <u>contributing</u> t	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION	GIVEN IN PART 1	0		
1 2											
/ 9	DATE OF OPERAT	ION 195.	condition for whi	inoma t	with lymph no	de 200 AUTOPSY?	20b. IF IN CER	YES, WERE FINDIN	OF DEATH?		
	12	13-79	involveme			YESX NO		YES 🔀	NO 🗌		
/	OR CONTRIBUTING		TIME OF INJURY	DAY YEAR	21¢, HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM	18, PART 1 OR PART 2)			
I &	(IF EITHER, NOTIFY MEDICA		P.M.	19							
MEDICAL	Id INJURY OCCURR	/AT h	PLACE OF INJURY HOME, STREET, FACTORY, OFFIC	CE. FARM. ETC.)	21f. LOCATION STREET	CITY OR T	NWC	COUNTY	STATE		
	WHILE NOT WH	SK		, , , , , , , , , , , , , , , , , , , ,							
2	20. Learnify that N.	(this hospitol) ofter	nded the deceased from	July	25, 19 79	, to Septem		2. 19 79	that (V (we)		
100	Shw the decease	Sep	tember 22,19 be body ofter death.	79	nd that in (n <del>ty)</del> (our) opinion	deoth occurred on the	date and l	hour and from the	causes state		
	M SIGNATURE	80	e dody offer deom.		DEGREE			The DATE	SIGNED		
	Mury	X/ Ve	en	MS	ATTENDING PHYSICIAN [	MEDICAL ST	AFF CIAN	9/2	13/29		
1/1	HYSICIANS NA	(DISPLACED AVERAGE AVE		1				E IIoolth	11		
IX	Timoff	好灯.	Eberlein	G.M.	22. ADDRES Nation Clinical Cen	ter, Bethe	ies o	Maryland	20205		
230. BU	RIAL, CREMATION, I	REMOVAL 23b. D	ATE 23	E. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE		
-	Buria1	9-2	28-79	St. Jo	ohn's Cem.	Worce	ster	2	Mass.		
24. FUN	ERAL DIRECTOR	Funeral		FALL		TE REC'D. BY REGISTRA	R 25b. REG	FRAR'S SIG	#Errod		
C.	LONIAL	Home	C	HURC	H. VA	3EP 6 1 131	9	/	/		

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	
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MPORTANT:

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Julia September 29 1979 Cavin 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Female Caucasian June 9. 1907 70 BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Massachusetts U. S. Montgomery County IN CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Silver Spring 15513 Prince Frederick Way Housewife Home 136 COUNTY 13e STREET ADDRESS Maryland Silver Spr. Montg. 15513 Pr. Frederick Way 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Paul Hiltz Catherine Ford 16h SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) No 120-12-6251 James P. Cavin, Same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF away Conditions, if any, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fre MANCH sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 9 - 30 - 7922d. PHYSICIAN'S NAME ( YPE OR PRINT) 5480 Wisconsin Avenue John M. Evans Washington, D. C. 20015 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 10-3-79 Burial Cedar Hill Cem. Suitland, Maryland 250 DATE RECD BY AEGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR A. PUMPHREY FUNERAL P. A., Bethesda, Maryland HOMES.

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5		FOR STATE		ARTMENT OF HEALT			2 9 0 5
		REGISTRAR			9=1111111111	F DEATH REG. N	
72 2 X 3 1		CEASED NAME FIRST	MID	DLE	LAST /	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOUR
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а. ш. Тіо	3. SE)	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS THU YEAR LAST BIRTHDAY) MON	NDER 1 YR. IF UNDER	24 HRS 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR 22 HOUR
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PRESTON S	7a. B	RTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8. MARI	RIED NEVER MARRIE	9. BALTIMORE CITY	OR COUNTY OF DEATH
一种"大学"/O	, -	NNSYLVANIA	U.S.A.	WIDOY	WED DIVORCE	1 12.30	to Exer MD.
ELAY 19 IF TO THE ILL PAGE BE FILED	ID C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME, OR OT	HER INSTITUTION	12a USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	PE OF WORK 126. KIND OF BUSINESS OR INDUSTRY
O O SE PETE	(	516.109	2727	Wood a	dackl	FOR MOST OF WORKING LIFE) HOMEMAKET	R
F ANY DEL R AND 3 TO 3. RETAIN B SHOULD BE I RECORDS	130 S	AL RESIDENCE (IF IN MORSING HOME C TATE 136 COUN	OR OTHER INSTITUTION, GIVE RES	CITY OR JOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ . b
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DEATH SES 1, SES 1, AND 2		EDWARD E.	HALL	LAST	EFFA	WIDDLE	OUERRY
	160. V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16	b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	S RT 2
RS AFTE GIVE P VITH FO PAGES	{Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	UNKNOWN	HARVEY D	. CHAMBERLAIN	WILLIAMSBURG.PA.
URS AFTER WITH FOIL PAGES 1 DIVISION		18. CAUSE OF DEATH (Enter an	ly ane cause per line far (		4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1	PART I DEATH WAS CAUSE	D BY: TE CAUSE (a)	Tour to 1	210 C	2261561	BETWEEN ONSET AND DEATH
OI W. PRESTON SI. TED WITHIN 24 HC A PENCIL IN ITEM 1 XAMINER ALONG IAL-TRANSIT PERMIT MENTAL HYGENE, OR REMOVAL.		429, IMMEDIA		A CONSEQUENCE OF			
OT W. PREST UTED WITHIN N PENCIL IN EXAMINER A RIAL-TRANSIT MENTAL HY OR REMOVAL		Canditians, if any, which	(6)				
TRA TRA		gave rise to immediate cause (a) stating the <u>under</u> -	(b) DUE TO, OR AS A	CONSEQUENCE OF			
		lying cause last.	(c)				
S, 30 XECL G' IN BUR BUR ON, O		PART 2 OTHER SIGNIFICANT CONDITIONS		OT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PAR	T 1 (a).	
I RECORDS, 3  ULD BE EXEC  "PENDING"  FF MEDICAL  SED AS A BUI  HEALTH AND  CREMATION,	Z	10	no.				
RECOR	ATI	190. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION V	VAS PERFORMED?		20. AUTOPSY?
- O - = - L	FIG	160	ne				YES NO NO PO
ICATE SHOWED BE UNTINE BE UNDER B	CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJ		IOW INJURY OCCURRED	O (ENTER NATURE OF INJURY IN ITEM T	
RTIFICATI IG THE V TO TH SHOULD PARTMEN		UNDERLYING OR CONTRIBUTING CAUSE OF		ONTH DAY YEAR			
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ARDEI ARDEI GE 3 OT PRI	W	WHILE NOT WHILE E	STREET, FACTORY,	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
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L EXAMINEI E CERTIFICA OULD BE FO L DIRECTOR H, WITH THE MARYLAND,		death resulted fram: Natu	ral causes Acc	ident [ ], Suicide [	, Hamicide	Undetermined manner	,
OF WENT		ACTUAL 2	001		TITLE (SPECIFY)		DATE ( a 4/1/10/7)
CAL THE SHO SHO ATH RE, A		SIGNATURE	1	( ) may 1	1.0/201	MEDICAL EXAMINER	SIGNED
MEDIC CUTE I SE 4 SI FUNER ER DEA		EXAMINER'S NAME TOHA	S. ROGERS		1010 0	PELITUADU DAAD	CTILLED CONTING NO
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 8 BALTIMORE, MARYLAND, 2	22 - 5			Int. HANE OF COMPANY		23d. LOCATION	SILVER SPRING, MD.
	230.B	BURIAL BURIAL	9/19/79	23c. NAME OF CEMETERY		CITY OR TOWN	COUNTY STATE
SP	24. F		IS J. COLLII	ROYER CEME		WOODBURY TOWN	VSHIP BLAIR PA
DHMH - 17 (VR A15 ME (5))		NAME I INTUIC				9 / 1070	May MB Bready
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4.	1-	FOR STATE REGISTRAR	DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	HYGIENE 9	2 2	906
* & &		CEASED NAME FIRST OR PRINT)	MIDDLE	ł	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
oy be age 3 death		Frank	P.		Clark	ACE MAN POST ACE	1/1/	INDER IVEAR IF UNDER 24 HRS
de 4 mo	3. SEX	Male	White	5. DATE C MONTH Jui	DAY YEAR		YRS.	THS DAYS HOURS MIN
35	CC	RTHPLACE ISTATE OR FOREIGN PYLAND TYLAND	76 CITIZEN OF WHAT COUNTRY?  USA	WIDOWE		□ Mont	gomery	MD.
D Confied		ry or town of death ryland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET,  115 Franklin	DDRESS)		120. USUAL OCCUPA (TYPE OF WORK FOR MOST Retired	OF WORKING FIFE!	12b. KIND OF MOINESS OR INDUSTRY MOINESS OR COMptroller
AND 212	Ma Ma	ryland Mont	other institution, give residence before day gomery Sil. S	V .		115 Fra		Off. Avenue,
MARYL and with	14 FA	THER'S NAME Franklin	P. Clari	ζ	15 MOTHER'S MAIDEN Carol	ine V		Scholl
IMORE, on a case of execution and case of execution in and case of the execution is medical and case of the execution in the execution is a case of the execution in the execution is a case of the execution in the execution is a case of the execution in the execution is a case of the execution in the execution is a case of the execution in the execution is a case of the execution in the execution is a case of the execution in the execution is a case of the execution in the execution is a case of the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution is a case of the execution in the execution in the execution in the execution is a case of the execution in the execu	16a V	(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE ES WW	MED FORCES? 166 SOCIAL SECU 217-26-4		Pauline C	. Helsel-d	2T(	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  NG PHYSICIAN: The law requires that the death certificate be executed within a hourst cattending physician and completely filled in a os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the and Mental Hygiene prior to burial, cremation, or removal.  or ked or them 18 shows any injury, or other traumatic event, the medical agaminer must be a correct or the correct or the medical agaminer must be a correct or the medical agaminer must be a correct or the correct o	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	NCE OF	lined and	Cores Classe or CO	NDITION GIVEN	13 years
AL RECO	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		200. AUTOPSY?	CERTIFYIN YES	اسا ا
VSICIAN: The ling physician. s certificate ha varial-transit providi-transit providing the wental Hygienn r Item 18 shaw	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		Y YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF IN.	URY IN ITEM 18, PART	OR PART 2]
NG PHY attention of the his but he had with and with and we have a sirked as a	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.]	STREET	CITY OR TO	NWC	COUNTY STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR: a should be detached for use. with the State Dept. of Heal		220.1 certify that (I) (this haspe sow the deceased alive an above II (an edita) and no 221. This II (a) SI MAKE (TYPE O	Re Patton	1	, 17,44		AFF	Add the couses stated  THE DATE SIGNED  School Street M
	(	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATO	RY 23d. LOCATION CITY OR TOWN	11 417	UNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	WE	Burial Properties: Pump 34 Ga. Ave.,	hrey, Inc	Kell	Heaven SE	DATE REC'D. BY REGISTRA P 1 0 1979	Mor Mor	nt gomery Md

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (A

		STATE REGISTRAR		MED	ICAL EXAMINE	R'S CERTIFICA	TE OF DEAT	TH	REG. NO.	2 7	0	
		CEASED NAM			WIDDLE	LAST	2	OF E	OWN X	MONTH DA	Y YEAR	2b. HOUR
			MIA	C		CLARK	10.5	DEATH MA		9 14	19 79	M
	3. SEX		4 RACE	5 DATE OF BIRTH				C DATE		AONTH D	Y YEAR	22400
d	f	emale	black	Jun 4.	1979 YRS.	MONTHS DAYS HO	ours min P	RONOUNCE DEAD	D	9 14	19 79	a <sub>M</sub>
		RTHPLACE (S		76. CITIZEN OF WH.	AT COUNTRY?	MARRIED   NEVER	MARRIED 🙀	BALTIMOR	ECITY OR	COUNTYO	FDEATH	
7.	Wa	shing	ton. D.	c. U.S		and the same of th	IVORCED L	Montgo	mery	County	7	MD.
		Y OR TOWN		11. NAME OF HOSP	TAL NURSING HOME, C	R OTHER INSTITUTION	1 12a USU	AL OCCUPAT	ION (TYPE OF	WORK 12b		SINESS
		akoma		Washing	ton Adventis	t Hospital		one	, Lift;		ne	
	13a. ST	ATE	136 COUI	NTY	E RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LI	MITS? 13e STRE	ET ADDRESS		1 .		"
11		yland		ce Georg	Eakoma Par		lo □ 6731	New	Hamp	shire	Ave	·#305
7		THER'S NAM		WIDDLE	LAST	FIRST	MAIDEN NAME	WIDDI	E		Clar	
1		Micha			Leonard	Moni		1	•	17-11-	Caar	K
2	16a W	AS DECEASE S, NO, OR UNKNO	DEVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECURITY N				DDRESS			
		No			None	Monic	a L. Cl	ark	Same	as i	13 a	-e
		18 CAUSE C	OF DEATH (Enter o	nly one couse per line t	for (o), (b), and (c).)						APPROXIMATE	INTERVAL T AND DEATH
		PARTI DEATH WAS CAUSED BY: Sudden infant death syndrome										
		798	80		AS A CONSEQUENCE OF							
			ns, if any, which									
		-	ise to immediat ) stoting the under		AS A CONSEQUENCE OF					176		
		lying co	use last.									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10										
	Z											
	ATIC	19a. DATE OI	POPERATION	196 CONDIT	ION FOR WHICH OPERAT	ION WAS PERFORMED	)?			20	. AUTOPSY	>
	MEDICAL CERTIFICATION	200								20	YES X	№П
-	ERT	21a. EXTERN	AL CAUSE WAS	21b. TIME OF		21c. HOW INJURY OC	CURRED (ENTER N.	ATURE OF INJURY	IN ITEM 18 PAR	T 1 OR PART 2)		14 63
5	ALC	UNDERLYING			MONTH DAY YEAR							
	DIC	21d INJURY	OCCURRED		19 DE INJURY (ATHOME,	211. LOCATION				_		
	ME	WHILE	NOT WHILE		DRY, FARM, ETC.)	STREET		CITY OR TOWN		COUNTY		STATE
		AT WORK	AT WORK						-			
		22a. I cert	ify that I took chai	rge af the remains desc	ribed above, held on	Autopsy X, In	spection	Inquiry	, ond i	n my opinio	1	
		deoth resul	ted from: Nati	ural couses X.	Accident, Suicio	de . Homicide	Undete	rmined monn	er,			
	-	10 4 8	M	A	111 1.	TITLE (SPEC	(IFY)				0/1/	/ /70
	- 6	ACTUAL SIGNATURE	IW	surte 11	2 Hall on	Assist	tant MEDI	CAL EXAMINI	ER	DATE SIGNED.	9/14	4/79
7												
L		EXAMINER'S (TYPE OR PR		ergarita A.	Korell, M.D.	ADDRESS	lll Penn	Stree	t			
	23a.Bl	JRIAL, CREMA	TION,REMOVAL	23b. DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d. LOC	CATION		COUNTY	51	TATE
	(3	Buri	al	Sep. 17.	1979 - Resu	rrection		linto	n P	r. Ge		d
	24. FL	JNERAL DIRE	0.00			l or	DATE REC'D. BY			RAR'S SIGN		
(	663	3 01d	Alexar	nder Ferr	Home, Inc	ton, Md.	SEP 2	4 1979	pe	stray!	Melino	dig

**DHMH - 17** (VR A15 ME (5)) 15M 7/76

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The lorretoined by the hospital or ottending physician.

				STATE OF MARYLA	ND		50 PA
	,	FOR	DEPAR	RTMENT OF HEALTH AND	MENTAL HYGIE	NF 9 22	908
101	1 -	STATE REGISTRAR		CERTIFICATE OF D	EATH	REG. NO.	
	1. DEC	CEASED NAME FIRST	MIDDLE	LAST	2	B. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
		ORPRINT) WILLIA	M H.	CLARK	TELE	9 1/0 79	125
0.7	3. SEX		RACE	5. DATE OF BIRTH	4	AGE (IN YEARS LAST BIRTHOAY)	INDER I YEAR IF UNDER 24 HRS.
	3. 3LA	MAIE	RACE	MONTH DAY	YEAR	THOSE (METERANDERIOR BRITISTIC)	ITHS DAYS HOURS MIN.
				10 21	1912	( VRS.	
24		THPLACE (STATE OR FOREIGN 71	LOUNTR	Y? 8. MARRIED NEVER A	AARRIED .	BALTIMORE CITY OR COUNTY OF	DEATH
15		Virginia	USA		VORCED	Montgomery	MD.
-20	10 Ci	Y OR TOWN OF DEATH		SING HOME OR OTHER INST		O USUAL OCCUPATION	126. KIND OF BUSINESS OR
1	p	BETHESDA A	(IF NOT IN SUCH FACILITY, GIVE STRI	BAY 40501		TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
10	USUA	L RESIDENCE (IF NURSING HOME OF O					
10	13a S		TY 13c. CITY OR TO	1.1.11		e. STREET ADDRESS	
		a.	AMIANO	MAICUA YES IX	MAIDEN NAME	4616 Willow R	un Drive
2	14. FA	THER'S NAME FIRST MI	IDDLE LAST		FIRST	MIDDLE	LAST
40	F	Robert	Clark	Eli	zabeth		Ward
5		AS DECEASED EVER IN U.S. ARM	NED FORCES? 166. SOCIAL SE	CURITY NO. 17. INFORMA	NT	ADDRESS	
5	(1)	No	578-3	8-559 Mary S	. Clar	k, Wife, Same	as Above
			one cause per line for (a), (b),		O L O L O L	TO WELLOT DUMO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY. PACTCAL	ECTOMY POT 1	NTECTIL	IAL BLEEDING	124245
		IMMEDIATE	CAUSE (0) 103 . 002	De lowly for the		45 055 71109	12
		1541	DUE TO, OR AS A CONSEC	DUENCE OF		SINA BURES '11	9 121
	100	Conditions, if ony, which gove rise to immediate	(b) LIVERCA	PKC INO MY1021	>- INIES	TINAL BLEEDING	2 M- 1208/8
		couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		- D	
		underlying cause lost.	( METASTA	TIC CARCIN	OMA OF	THE KECTUM	/years
	144	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T			AL DISEASE OR CONDITION GIVEN	
	20	LIVER INS	SUFICIENC	Y- WROGRES	SIVE Z	ENAL PAILURE-	- SHOCK -
4	AT	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFO			VERE FINDINGS USED
2	CERTIFICAT	9/5/19	COLONIC	BLEEDING	5	YES NOTO YES T	G CAUSES OF DEATH?
1	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		ILIRY OCCUPPED	CENTER NATURE OF INJURY IN ITEM 18, PART	
4		OR CONTRIBUTING CAUSE OF DEATH	LICUID A M. MONITH		JOHN OCCORNED	CENTER NATIONE OF WOORT WITHOUT IS, VAN	r on ran aj
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			HE ESSENCE OF THE SECOND
,	VED.	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.) 211. LOCATION STREET	N	CITY OR TOWN	COUNTY STATE
	_	AT WORK AT WORK		phil.		1.	70
	-	220.1 certify that (I) (this hereal)	Il attended the deceased from	7/4/79	. 19	, to 7/16 19.	, that (I) (we) lost
	-31	saw the deceased why on obove, (1) (we)	view the body after death	and that in (my)	(aur) apinion dec	ath occurred on the date and hour as	nd from the couses stated
		22b. SIGNATURE	view the pody drier depth.	DEGREE		/	22c DATE SIGNED
		174	10/11/			MEDICAL STAFF	9/17/79
	-	22d. PHYSICIAN'S NAME (TYPE OR	POTAL	T22e ADDRES		DIRECTOR   PHYSICIAN	11/1/
	100	MELE	PERAZZO,	A	Micas	MC'NL REDIE	DA 14/200111
		JONTE H.			wisco	IN YIMAU, - EVETHES	96 MB-20014
	23a. B	URIAL, CREMAMON, REMOVAL	23b. DATE 23	ROVIDENCE M	REMATORY	23d. LOCATION	UNTY
	,	Burial	9-19-79 P	rovidence M	leth.	Montross, V	irgin

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Funeral Home Rd., Suitland, Md. SEP 21 1979

and the second s 7/8/78 SEE ONE OF BURE DAY A LOUIS TO THE WORLD STORY OF THE OWNER OF THE STORY A SHOW

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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4	4	7	0	1

1 -	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	COre	MIDDLE A.	Clever	20 DATE OF DEATH MONTH	24 79 901
3 SEX	Female	White	5. DATE OF BIRTH MONTH DAY YEAR JULY 19 1888	6 AGE (IN YEARS LAST BIRTHDAY)  9 / YRS.	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS M
7a. BIR	PCNNSY/UHMIN	OS A	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	G D M & r V
B	ethesda	Subur ban	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	U 12b. KIND OF BYSINESS INDUSTRY
#3a. S1	mai 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO TY 13c CITY OR TOV GRITHER	YES NO NO	13e STREET ADDRESS	el Ave.
1	THER'S NAME FIRST A M AS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SEC	URITY NO 17 INFORMANT	ADDRESS	stafer
(YE	ES, NO OR UNKNOWN) (IF YES, GIVE	war or Dates) 215-60-	-8148 Francis Le	esneski GAITH	10-Sby Mel
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOU	JENCE OF	rereast	3 mol
S S	190 DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 21f. LOCATION		
	AT WORK AT WORK	of ottended the deceased from 19_1view the body after death.	DEGREE	9 to 9/24 death occurred on the date and ha	, 19 , that (I) (ive) our and from the couses stated 22c. DATE SIGNED
	FIX DONN	10400 G	22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2079
C	URIAL, CREMATION, REMOVAL PECIFY) CMATION	9/27/79 D.	NAME OF CEMETERY OR CREMATORY ARNOSTOWN Prubyta	23d LOCATION CITY OF TOWN THE PARKETOWA	
24 FUI	NERAL DIRECTOR	ADDRESS	150 DA	TE REC'D BY REGISTRAR 256. REGIS	TRAR'S

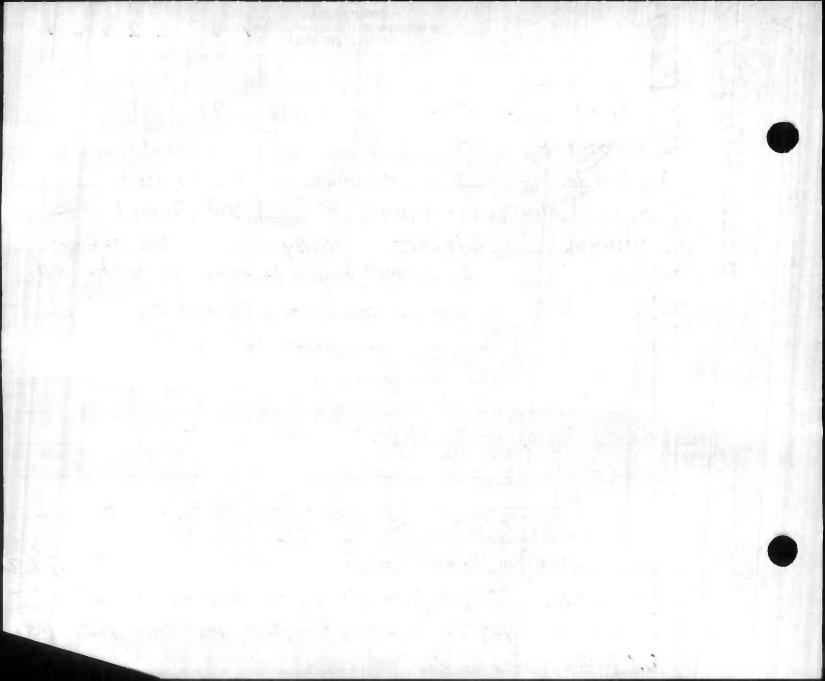
DHMH - 16 50M 1/76 (VR A 15 (4))

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retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burnal-transit permit. Then please remove carbonpapers: Pages 1 and 2 shauld be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burnal, cremotion, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.



## TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pagshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after dewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

medicolexon

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

moy

within 24 hours after

requires that the death certificate be executed

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

etained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.	2 9	1 U
	CEASED NAME FIRST Ida	MIDDLE	Goh	en	9/19/79	DAY YEAR	10,20 M
3. SE		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	female	Caucasian	11	/24/89	89 YRS		MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		
	Russia	USA	WIDOWE	D DIVORCED	Montgomer		MD.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME ( /E STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
	lver Spring	Colonial V	<u>'illa Nu</u>	rsing Home	Homemaker	Home	- 199
13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU <b>ryland Mont</b> o	NTY 13c CITY C	ce before admission) or town r Spring	13d. INSIDE CITY LIMITS?	8750 Georgia A	venue	
	ATHER'S NAME Seph	Mali	tz	15 MOTHER'S MAIDEN NA	Unknown	2	AST
No.			11 SECURITY NO. 03-6381	Mark Col	burn 6400 Wes	t Halb	ert Roa
ATION	Canditions, if any, which gave rise to immediate cause ial, stating the underlying cause last  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION	DUE TO, OR AS A COM	SEQUENCE OF A SECOND IN THE SE			ES, WERE FIND	INGS USED
CERTIFICATION	\$/21 210. ACCIDENT WAS UNDERLYING [	21b. TIME OF INJURY	carcino	THE MOW INJURY OCCUR	YES NO	TIFYING CAUSE YES [] 8, PART 1 OR PART 2)	NO [
	OR CONTRIBUTING CAUSE OF DE	AIN	TH DAY YEAR				
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f, LOCATION STREET	CITY OR TOWN	COUNTY	STATE
19	220.1 certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did no	6111	10 36	nd that in (my) (aur) apinion	death accurred on the date and h	, 19 government	, that (I) (we) last e couses stated
	Hubert	St Sara			DIRECTOR PHYSICIAN	9/1	SIGNED 19/79
	HERBER	8 18 18 ANDA	F und	8750 GEO	EGA AUENUE	, SILVE	re Sparts
23a. 1	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	234. LOCATION CITY OR TOWN	COUNTY	SIAT
	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL UNERAL DIRECTOR	9-21-79	Beth El	Cemetery	Paramus, New	Jersey	/
	NAME	rg Mem. Chap.	Rockvil	250. DA	SEP2840E9979 256. RES	they !	ii.

BP DHMH - 16 50M 1/76 (VR A 15 (4))

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1			STATE OF MARYLAND	1000	0 1 1
8	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN  CERTIFICATE OF DEATH		7 1 1
	I. DEC	EASED NAME FIRST	MIDDLE 2a	REG. NO.  DATE OF DEATH MONTH DAY	YEAR 26 HOUR
on 3		Harolo	Weldon Colvin	97	79 1030 AM
(1941)	3 SEX	Male 1.R	S DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY) IF U	THE DAYS HOURS MIN
1 11		THPLACE (STATE OR FOREIGN 7b C	ITIZEN OF WHAT COUNTRY? 8	BALTIMORE CITY OR COUNTY OF	DEATH
# 10 to 10 17	co	D.C.	1.5.A. WIDOWED DIVORCED	Montgome	TV MD.
4 4 P	10 CIT	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12a IF NOT INSUCH FACILITY GIVE STREET DURES)	USUAL OCCUPATION  YPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
be no	JSUA	L RESIDENCE (IF PURSING HOME OR OTH	INSTITUTION, GIVERESIDENCE BEFORE ADMISSION)	116	
AND 3	Ma	Eylend Mont	Haccily of town / 138 insidecity limits? 13	H- Let bre -	-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed will in 21 hours of the death certificate be executed will in 21 hours then this certificate has been signed by the attending physician and campletuly tilled in by site burial-transit permit. Then please remove carban papers. Pages 1 and 2 to till the intensity processing the new and Mental Hygiene prior to burial, cremation, or removal.	At	when 6	Balsreso. MOTHER'S MAIDEN NAME	C. Mak	exactable)
be execu	O O	AS DECEASED SVER IN U.S. ARMED HID OF LINKING HID LIV HEL GIVE WAR		loin 6/0 feet	Are. A.D. Mil
hysicid paper paval.		18 CAUSE OF DEATH Enter only or PART I. DEATH WAS CAUSED BY	e couse per line for (0) b), and (cl.)	nost	BETWEEN ONSET AND DEATH
on ST.  certif ding p arbang ar rem stic eve		41A	DUE TO, OR AS A GONSEOUENCE OF	pulmonae	75min
death death atteni atteni raumo		Conditions, if ony, which gave rise to immediate	Carlogane short and	"edene	) nours
that the d by the lease remial, crema		cause (a), stoting the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF MY O CURRELL	infunction	20 hrs.
PRDS, 20	NOI	PART 2 OTHER SIGNIFICANT CON ASIHD, C.	OITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL		
VITAL RECOR	CERTIFICATION	IN A	61/4		ERE FINDINGS USED IG CAUSES OF DEATH?
ON OF VITA  HYSICIAN: TI ding physicia is certificate burial-transit Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALLE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	(ENTER NATURE OF INJURY IN ITEM 18, PART 1	OR PART 2)
DIVISION  DING PHYS  or attendin  After this c  e as the bur  and hand Me  marked ar It	MEDICAL	WHILE AT WORK AND	(Te PLACE OF INJURY AT HOME, STREET, FAGTORY OFFIGE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
DI Ortol or TOR: Aft TOR: Aft or use a or use a St Health		220.1 certify tho (1) (his haspital) saw the decreased alive an	19 and that in (my (aur) aginian death	to 9/7/79, 19	, that (1) (we) last
OR AI he hosp DIREC coched to Dept. te		abave, (I (we) (did) (did not) vie 22b. SIGNATURE	DEGREE ATTENDING M	MEDICAL STAFF	22c. DATE SIGNED
HOSPITAL ned by the FUNERAL Jid be detrible Stote ORTANT:		220 PHYSICIAN'S NAME (TYPE OF PRIN		IRECTOR PHYSICIAN	- 0 1
TO HOSPITAL ( TO FUNERAL I should be deto with the Store I		JOHN JORDA	N 7680 C	arroll Ave,	lakomatarb
10_BP	23o. B	RIAL, CREMATION, REMOVAL	11-1979 DETENTION OF CHARTEN OF CREMATORY	411, CF 7	STATE
DHMH - 16 50M 1/76	(1) FU	MERAL PIRECTON L	254 Out DATE REC	C'D. BY REGISTRAR 256. REGISTRAR	R'S SYNATHO
(VR A 15 (4))	X	Kibur Hallers	Takona Funeral HEED	1 1979 tioper	1/1/1

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prior to buriol, cremotion, or removal. injury, or other troumotic event,

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IMPORTANT: If Item 21 is morked or Item

of Health and Mental Hygi

should be detoched with the Stote Dept.

CERTIFICATION

MEDICAL

FOR STATE REGISTRAR	STATE OF MA DEPARTMENT OF HEALTH A CERTIFICATE	AND MENTAL HYGIEND	2 2 REG. NO.	9   2
1. DECEASED NAME FIRST MIDE (TYPE OR PRINT)	DLE LAST	2a DATE O	FDEATH MONTH DAY	YEAR 26 HOUR
Stephen M.	CONDOR		9-28-79	6 = 46 M
3. SEX	5. DATE OF BIRTH	6 AGE (INY	LAND LADT BIRTHBATT	UNOER 1 YEAR IF UNDER 24 HRS
Male Caucas		1899 8	O YRS.	
7a BIRTHPLACE (STATE OR FOREIGN 7b CITIZEN OF WH		VER MARRIED 9 BALTIMO	RE CITY OR COUNTY O	FDEATH
Czechoslovakia U.S.A	WIDOWED		TGOMERY CO.	MD.
	SPITAL, NURSING HOME OR OTHER		OCCUPATION K FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
	N HOSPITAL	Min		Mining
	Hibbs YEXO	-		}
FATHER'S NAME FIRST MIDDLE CO	LAST	HER'S MAIDEN NAME FIRST Helen	MIDDLE	Pellish
	ndor b. social security no. 17 INFO		ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	208-07-7349 pc	rothy Elaine	Jablonski Dr. Bethe	sda Maryla
18 CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ACUTE M	YOCARDIAL	INFARCTIO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate	ORUNARY	ARTERY "	Pisense	
	SACONSEQUENCE OF ENERALIZET	> ARTERIOS	scierosis	
PART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT REI	ATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN	IN PART 1(0)

200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOV YES [ NO [ 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

21f LOCATION STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended and that (my)

21e PLACE OF INJURY

(our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

sow the deceosed olive on obove, (I) (we) (did) (did not) view the body ofter death SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

STATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

21d. INJURY OCCURRED

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN Brier

STATE

COUNTY

Burial

74. FUNERAL DIRECTOR A. Pumphrey 7557 Wisconsin Ave Pumphrey Furneral Homes,

Bethesda.

REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRSTEDNA MIDDLE 20. DATE OF DEATH MONTH DAY YEAR (TYPE OR PRINT) Courte MANAHE 3. SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR urs offer 5 DATE OF BIRTH Female MONTH DAY YEAR DAYS White 8 93 he funeral duser within 72 hours. YRS 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ENEVER MARRIED COUNTRY U.S.A. Penna 1798 MORY WIDOWED DIVORCED ō 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ofified the. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYRE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ETHESDA filed SUBURBAN Homemaker USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE | 13b. COUNTY | 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? pino Mont. 11000 Nicholas Drive Md. Silver Sprin YES NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME  $\sim$ MIDDLE LAST FIRST MIDDLE LAST p W. Amos Bauman Bittner Mary Alice ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT Poges (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Leo G Courtemanche. Husband. Same as item the APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY 3/mm IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF troum Conditions, if any, which gave rise to immediate (o), stating other DUE TO, OR AS A CONSEQUENCE O underlying lost cause ö to bur PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION Mental Hygiene prior 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? per shows NO iol-transit 80

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) DAY YEAR HOUR A.M. MONTH OR CONTRIBUTING \_ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 26/-132 22a 1 certify that (1) (this haspital) attended the deceased from

and that in (my) (and apinion death occurred on the date and haur and from the causes stated

22b. SIGNATURE DEGREE 22c DATE SIGNED

ATTENDING

PHYSICIAN

224 PHYSICIAN'S NAME (TYPE OR PRINT)

9/20/1979

DIRECTOR | PHYSICIAN 22e ADDRESS

MEDICAL

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial

231 NAME OF CEMETERY OR CREMATORY National Memorial Park

PM

23d LOCATION Falls Church Virginia

24 FUNERAL DIRECTOR NAME

JOSEPH GAWLER'S SONS 6130 WISC. AVE., N. W. WASH., B. C. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STAFF

26. HOUR

IF UNDER 24 HRS

Home

DHMH-16 20M (VRA 15, 4) 7/78

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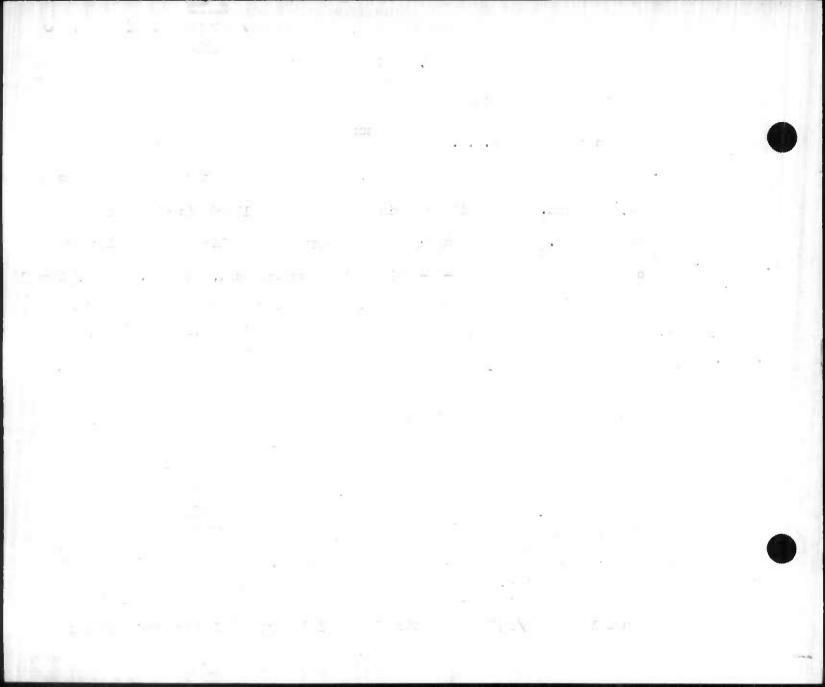
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REPOSIT			CEASED NAME ORPRINT) B	ARBARA	G.	ARDNER		CRA	VFORD		20 DATE	OF DEATH	MONTH 9	12	YEAR 79	26 HOUR 400					
		3. SE	Female		RACE Wh:	ite	- 1	NOV.	DAY	1917	& AGE (I	67	BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 24 HE HOURS MIN					
edm. Por revol dir	Source.		RTHPLACE (STATEORED DUNTRY)  New Jerse		CITIZEN OF	S.A.	M	ARRIED		MARRIED [		ontgo	_	NTY OF I	DEATH						
rs ofter a by the fu	O Officed		TY OR TOWN OF DEA Bethesda	ATH	(IF NOT IN SU	ICH FACILITY, GIVE		SS)	OTHER IN	NOITUTION	TYPE OF W	ALOCCUPA CORK FOR MOS Emake:	T OF WORKIN		Ib. KIND C	F BUSINESS (					
hin 24 hour ily filled in should be f	eg	130. 5	AL RESIDENCE (IF MURS TATE Md	136 COUNT	TY	Bethe	RTOWN	]	YES 🗌	CITY LIMITS?	4402	et addres Boxy		Road							
red within ompletely ond 2 sh	exomine So	14. FA	Kenneth	м	VIDDIE (	Jardner		1		rs MAIDEN NA FRST rriet	ME	MIDDLE		17	Giầ	1					
be execut	medicol		vas deceased ever yes, no or unknown) No		AED FORCES? WAR OR DATES)	100	L SECURITY		7 MFORM Willi	ant am A Cr	rawfor		sess Sean	l. Sa		S item					
hat the death cert by the attending ass remove carbon I, cremation, or res	troumotic	other troumotic event, th	troumotic	troumotic	or other troumotic e	troumotic		Conditions, if ony, gove rise to improve to improve to static underlying couse	, which mediate ng the	(b)_	OR AS A CON	an	w	m	n of	73	ne	vst	-	m 9	yrs
r requires t een signed it. Then ple	y injury.	ATION	PART 2 OTHER SIGN	abet	e n	CONTRIBUTION FOR Y	tus	(;	HO	yper	ten	ASE OR CO	1			IGS USED					
The low cron. te hos br	1	CERTIFICATION	21a. ACCIDENT WAS UNI			OF INJURY					YES [	) NO	INCE	YES [	CAUSES	OF DEATH?					
ING PHYSICIAN TI r ottending physicic After this certificate sos the buriol-transit th and Mental Hygii	morked or Item 18	MEDICAL CI	OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR	CAUSE OF DEAT	TH HOUR A			YEAR 19	II LOCAT	NJURY OCCUR	RED (ENIE)	CITY OR			OUNTY	STATE					
e hospital or DIRECTOR: Af	hem 21 is		220.1 certify that (1) sow the decease ove, (1) (we) (c	ed olive on_		9/1	from 79			19_7 9 (our) opinion			-								
TO HOSPITAL Detoined by the TO FUNERAL D should be defored with the Stote D	MPORTANT: #		THE PHESICIAN'S N	AME ITHE DE	RINT)	Sil	KI	140	220 ADDRE	ATTENDING PHYSICIAN [	,	SCO		v i	9/	12/7 CHE					
0 5 5 5 3 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	¥-		BURIAL, CREMATION,	REMOVAL	23b. DATE	,	23c NAME	OF CE	AETERY OR	CREMATORY	23d. LC	CATION	M	COUR	100	STATE					

DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR JOSEPH CAWLER'S SONS INC. NAME 6138 WISC. AVE., N. W. WASH., D. C. 20018

9/12/1979

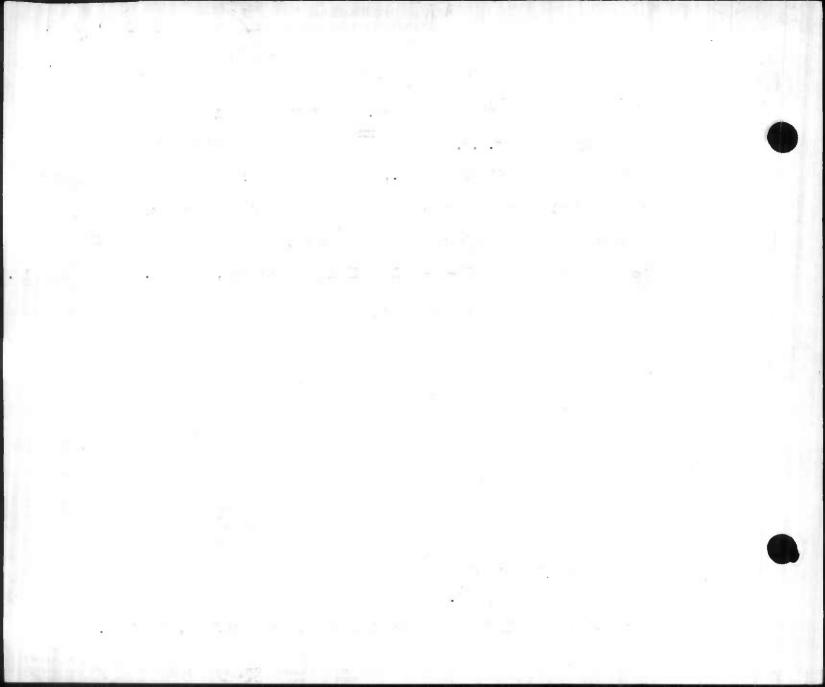
Cedar Hill Crematory

(SPECIFIC Temation

aryland. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Suitland,

CHASE, OVD.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
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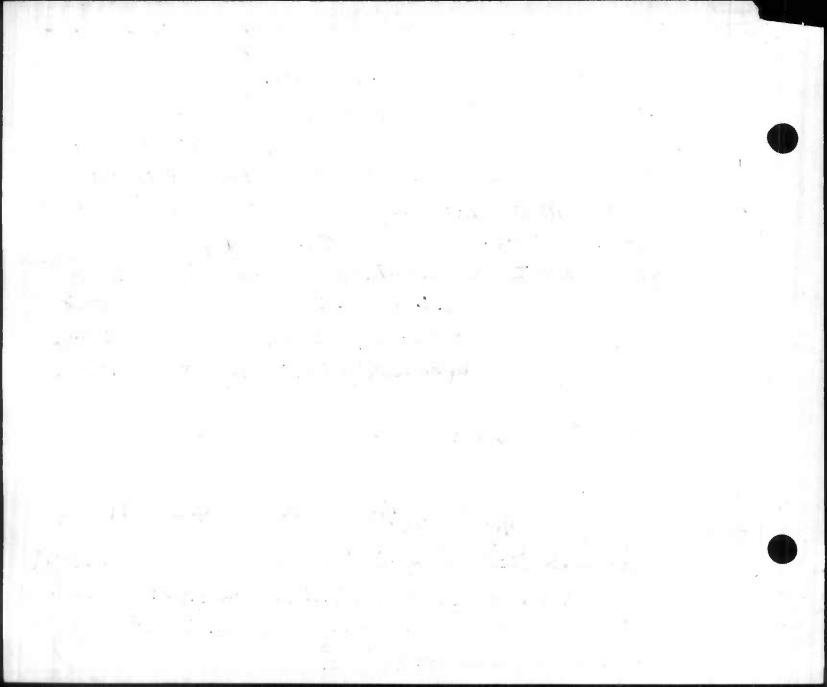
3. SEX

1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9	2 2	9   5
	CEASED NAME FRST OR PRINT) Steph	en Cluskey Cromwells		9-13-	79 12AM
3. SE	Male	white S. DATE OF BIRTH MONTH DAY 7-28-97	6 AGE (IN YEARS LAST BIRT	2 YRS. FUND	DER 1 YEAR IF UNDER 24 HRS. S DAYS HOURS MIN.
W	RTHPLACE ISTATE OR FOREIGN DC	76 CITIZEN OF WHAT COUNTRY?   MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9 BALTIMORE CITY O	n . +	METY MD.
	Bethesda	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SWEHFACH IT. GIVE STREET ADDRESS)  LIDGE FOR A HOSPITAL	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		KIND OF NUSINESS OR DUSTRY, GOV
13a S	md. 136 COUN	70nt Silver Spring YES   NO 18		Idler le	y Ct.
	Stephen	C. Cromwell Jane	BIAUS	Veiv	LAST
		MED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT CONTROL OF STOPPEN CON	mwell, Ir.	309 Bar Rockvil	
	PART I. DEATH WAS CAUSE	oly ane cause per line for tai, (b), and (c).  D BY.  TE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSE LAND DEATH
	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	Å		3 days
	couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	ting and		14 days.
HON		CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TER/		DITION GIVEN IN	
CERTIFICATION	90 DATE OF OPERATION 8-28-79	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH? NO
CE	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 O	R PART 2)

74			00 1111	1-28-71	0 - YRS.]	
		RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
7	Wa		AZU	WIDOWED DNORCED	Mont	9 onery MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUGH FACILITY, GIVE STREET)	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h. KIND OF BUSINESS OR
2		Bethesda	Suburk	ban Hospital	Administrate	State Gout
1	13a S	TATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE		I3. STREET ADDRES6	
2		Ind. N	Pont Gilver	Spring YES   NO 12	3155 Hodler	ley Ct.
	14 FA	THER'S NAME	MIDOLE LAST	IS MOTHER'S MAIDEN NAM	ME 'S MIDOLE	LAST
C		Stephen	C. Cromwell	Jane	BINUS Va	2145
			EWAR, OR DATES)	JRITY NO. 17 INFORMANT	ADDRESS 09 1	Banth Spring Ch
		YES WY	NI 218-36	6-8/01 Stephen Cra	mwell, Ir. Rock	ville, md
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), ope	od ici.		BETWEEN ONSELAND DEATH
			TE CAUSE (a)	me unit		5 min
		7.169	DUE TO, OR AS A MINSEQUE	and the second s		21000
		Canditions, if any, which gove rise to immediate	(b)	ombota		20000
		couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		111
		underlying cause lost.	(c) Replace	fament by Koght	hip yourt	14 grands.
	7	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELAND TO THE TERM	LINAL DISEASE OR CONDITION GIVE	EN IN PART 1(01
	5					
5	N N	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED (ING CAUSES OF DEATH?
	CERTIFICATION	8-28-17	Vertility	D hug	YES NO YES	
1		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
	CAL	OR CONTRIBUTING CAUSE OF DEA		19		
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
	Σ	WHILE NOT WHILE AT WORK	(A) HOME, SIREET, FACTORY, OFFICE, F	- All	- 1	31216
		22a I certify that (In this hospi	ital) attended the deceased from_	9/10 1979	, ta, 1	9 that (h (we) lost
		sow the deceased alive on above, (I) (we) (did) (did no	ot) view the body after death.	and that in (my) (our) opinion (	death occurred an the date and hour	and Iram the couses stated
	- 15	22b. SIGNATURE	1100	DEGREE		22c. DATE SIGNED
		Danne	- French	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4-13-79
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	220 ADDRESS	0 :	
		Samue	1. Goldborn	MD 11125R	ockille dike	Rockville, Md
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	13	CREMATION	9-13-79 ME	ETROPOLITAN CREMATO		RFAX XIRGINIA
	24 FU	INERAL DIRECTOR	ADDRESS	ROCKVILLE 25a CAL	TECO AV TEO IS TO AR 256. REGISTE	ARY SIGNATURE
	R	OBERT A. PUMPHE			TL T 13 1171 7	
1	_					

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DHMH-16 20M (VRA 15, 4) 7/78



FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	29	6
1 DECEASED NAME FIRST (TYPE OR PRINT) MARY	EVELYN	CURLING	September 8, 19	DAY YEAR	26 HOUR 4:2
Female	4. RACE White	Jüly 20, day 1919 ear	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 2
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia  10. CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED DIVORCED	Montgomery C	County,	

:20A NESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Housewife None NIH Bethesda Clinical Center, Bethesda, MD filled in lould be f 130 STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 11311 Orleans Way Maryland Montgomery Kensington YES X NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Andrew MIDDLE Jessie MIDDLE puo B. Mason Morris 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Same as above (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. John J. Curling (Husband) 231-03-1897 APPROXIMATE INTERVAL BETWEEN ONSET AND DE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE METASTASES Conditions, if ony, which gave rise to immediate cause (a), stating TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION prior ony 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? the buriol-tronsit per and Mental Hygiene YES X certificate 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION is morked or 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) September 22a. I certify that (X(this hospital) ottended the deceased from September DIRECTOR saw the deceased alive on September 8 should be detached for u with the State Dept. of He IMPORTANT: If Hem 21 is and that in May) (aur) opinion death occurred an the date and hour and from the causes stated abave, (New) (did) (Ochow) view the bady after death 22c. DATE SIGNED DEGREE ATTENDING MEDICAL FUNERAL DIRECTOR PHYSICIAN National Institutes of Health Clinical Center, Bethesda, MD Cheltenham, Maryland STATE Burial 9/11/79 Cheltenham Vet. Cem

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR

Tyson Wheeler Funeral Home, Inc Rockville.

Very Color of the The state of the s

1					STAT	E OF MARYLAND	1 11 11 11			
	1.	FOR STATE REGISTRAR		DEPARTI	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 9	2 2	9	
1		CEASED NAME FIRST OR PRINT)	,	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY		26 HOUR
11		Bonni		J.	CURT		Septembe			1032P <sub>M</sub>
12	3. SE	X	4 RACE		5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
0.11		emale	Caucas		Ju	y 5, 1954	25	YRS		
e e	C	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED A	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
(3)		Mary land	USA	10.00.7.1.	WIDOWE		Montgomer			MD.
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	E	Bethesda	Natio	nal Nava	ADDRESS)  Med	ical Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		INDUSTRY	F BUSINESS OR
3	13a S		or other institution.	GIVE RESIDENCE BEFORE 130 CITY OR TOW Springf	/N	13d INSIDE CITY LIMITS? YES, NO X	13e STREET ADDRESS 7100 Catl	ett St	reet	
Sex One	14 FA	Charles	WIDDLE	Curtius		15 MOTHER'S MAIDEN NAM	AIDDLE		alfita	ano
nedicol 2		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
a a		No ·		231 64	4345	Charles Curti	us See it	em 13	- 2.	MATE INTERVAL
mit. Then please remove or prior to buriol, cremotion, ony injury, or other troum	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c)CONDITIONS <u>CC</u>	T I WITT	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN		
ows or	IFIC						YES X NO	IN CERTIFYIN		OF DEATH?
h ond Mentol Hygiriked or Item 18 sho	MEDICAL CERT	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P. PLACE	M. MONTH D, M.	19	21f LOCATION STREET		Y IN ITEM 18, PART		STATE
RAL DIRECTOR: At detoched for use of tote Dept. of Healt NI: If Item 21 is mo		270. I certify that (I) (this has sow the deceased alive a obove. (I) (we) (did) (did) 27b. SIGNATURE	0 1	O 4		nd that in (my) (our) apinion of DEGREE ATTENDING	, to Sept.  deoth occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	F _		SIGNED
old be		22d PHYSICIAN'S NAME TYPE Mark D. Bro		MD.		220. ADDRESS National Nav		A		
Des M		BURIAL, CREMATION, REMOVA	23b. DATE 9/28/	1979 A		EMETERY OR CREMATORY -on National	23d LOCATION CITY ORTOWN Arlingto	co	ington	STATE
16 50M 1/76 A 15 (4)	24. F	UNERAL DIRECTOR	lon Cor	weld-		ald Va.	REC'D BY REGISTRAR			

Per Funeral Director Control Control Springfield, Va.

DHMH - 16 50M 1/76 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP

retained by the hospital or ottending physicion.

## TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be till with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather troumatic event, the medical examiner must be not requires that the death certificate be

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

9		2	2	4	2	8
		Singe	60			
F	REG. NO.					

		CERTIF	ICATE OF DEATH	REG. NO.		1
DECEASED NAME FIRST (TYPE OR PRINT)	LINA	L. CUTIC	CHIA	SEPT.	24 79 1	7 A·M
FEMALE	4 RACE WHITE		H 8,7898 YEAR	6. AGE (IN YEARS LAST BIRTHDA	YRS.	OURS MIN.
a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	WHAT COUNTRY? 8  MARRIE  WIDOWE	DIVORCED [	9 BALTIMORE CITY OR C MONTGOMER!	У	MD.
SILVER SPRING	2500 BF		COAD	SEAMSTRESS	ORKING LIFE) INDUSTRY	USINESS OR
MARYLAND MONT	OR OTHER INSTITUTION, UNITY  GOMERY	GIVE RESIDENCE BEFORE ADMISSION) 136 CITY OR TOWN SILVER SPRING			S CHANEY ROAT	)
A FATHER'S NAME FIRST JOSEPH		PRESTI	15. MOTHER'S MAIDEN NA/ FLORENC		FIOCCO	
(YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 579-03-4882	17. INFORMANT  CONCETTA GA		AS 13 DAUGH	TER TE INTERVAL TEY AND DEATH
	t CONDITIONS CO		NOT RELATED TO THE TERM			
MING DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINDING! N CERTIFYING CAUSES OF	
210. ACCIDENT WAS UNDERLYING	216. TIME OF HOUR A./	FINJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	YES NO	N CERTIFYING CAUSES OF	
19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED WHILE AT WORK AT WORK	21b. TIME OF HOUR A./ HOUR A./ P.A 21e. PLACE OF	FINJURY M. MONTH DAY YEAR M. 19		YES NO	N CERTIFYING CAUSES OF	DEATH?
OR CONTRIBUTING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this-he  saw, the deceased alive	21b. TIME OI HOUR A./ HER) P.A. 21e. PLACE C (AT HOME, STRI	FINJURY M. MONTH DAY YEAR M. 19  OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)  de deceosed from 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	21c. HOW INJURY OCCUR! 21f. LOCATION STREET	YES NO CENTER NATURE OF INJURY II	COUNTY  N CERTIFYING CAUSES OF YES  COUNTY  19 24, the	STATE
OR CONTRIBUTING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220   certify that (I) (this-he	21b. TIME OI HOUR A./ HOUR A./ P./ 21e. PLACE C (AT HOME, STRI on	FINJURY M. MONTH DAY YEAR M. 19  OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)  deceosed from 2 - 19  ofter deoth.	21r. HOW INJURY OCCUR!  21f. LOCATION STREET  19	YES NO CENTER NATURE OF INJURY II	COUNTY  1977, the ond hour ond from the county  22c. DATE SIG	STATE  state  t (I) (we) lost uses stoted
OR CONTRIBUTING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURED  WHILE NOT WHILE AT WORK  220   certify that (1) (thus has sow the deceased alive above, (1) (we) (did) (did  22b. SIGNATURE	21b. TIME OF HOUR A.P.  21e. PLACE (AT HOME, STRINT)  21b. TIME OF HOUR A.P.  21e. PLACE (AT HOME, STRINT)  21b. TIME OF HOUR A.P.  21c. TIME OF HOUR	FINJURY M. MONTH DAY YEAR M. 19 DF INJURY EET, FACTORY, OFFICE, FARM, ETC.)  de deceosed from 2 79, office deoth.  19 79, office deoth.	21t. HOW INJURY OCCURE  21t. LOCATION STREET  , 19 7  and that in (my) (our) apinion  DEGREE  ATTENDING PHYSICIAN (19)  22e. ADDRESS	YES NO NED CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIA  OF POR JONE  23d. LOCATION CITY OR TOWN	COUNTY  1977, the ond hour ond from the county  22c. DATE SIG	STATE  state  t (I) (we) lost uses stoted

DHMH - 16 25M (VR A 15 (4) ) 9/74

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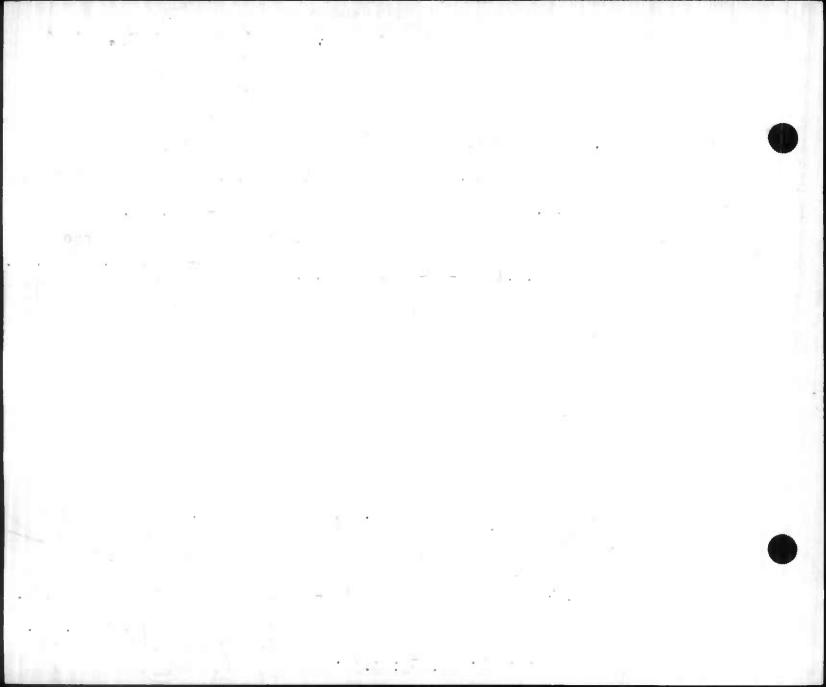
CARRITMA L. CUTICCHIA 3017 3 703/7 THATE MATE 22311124432 NEWTONIER STEERS X NOW SERVED CHANGE K TOAC LORRESTT FLORENCE FICCCC ETHERAL CONCELLY CYPOTES NAME YE SERVED THE

STANCE CAVE OF HEAVEN SOC CITY MAN, 11, SILVER SPOTAN, AM, COOKE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	10
TO HOSPITAL CONTINUOUS PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	ige 4 may be
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeric lifering personal pe	page 3
IMPODIANT If how 21 is marked or from 18 shows one injury or other transmission and an analysis of the made in the specified of the	- N

	STATE OF MARYLAND							
	1.	FOR STATE	2 9 1 9					
	1	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.			
		CEASED NAME FIRST	MIDDLE	AST	28. DATE OF DEATH MONTH DAY	100H		
	1,,,,,	HNTHONG	1 R. MALSS	SANden	9/14/79	338		
	3 SE	x /	4 RACE , S DATE C	OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS		
6	1	MALE	W MONTH	8 13	66 YRS.	NTHS DAYS HOURS MIN.		
1/1	Za. Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BALTIMORE CITY OR COUNTY O	FDEATH		
1/5		Penna.	USA WIDOWE		Montgomery	MD.		
0	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR		
S	S	ilver Spring	Holy Cross	Hospital	P.G.County	Retired		
90	USU	AL RESIDENCE (IF NURSING HOME OR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)					
25		Mar land P. C		134 INSIDE CITY LIMITS?	8215-14th.Ave			
ue.		ATHER'S NAME	re production of	15. MOTHER'S MAIDEN NA		•		
64	1	Angelo	Dalessandro	Angelina	DeFiac			
0		VAS DECEASED EVER IN U.S. AR		17 INFORMANT		ve.Hyatts.Md		
De /		YES, NO OR UNKNOWN) (IF YES, GNE	W.W.11210-07-2436	Rose M.Da	lessandro(Wife)			
E .			nly one cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
, co		PART I. DEATH WAS CAUSE	DBY.	combon con	In	BETWEEN ONSET AND DEATH		
e e		1099 IMMEDIA	TE CAUSE (0)	O. OV. 1	, , , , ,			
100		100/	DUE TO, OR AS A CONSEQUENCE OF	manual es	~>>	3 m. a.		
Ď.		Conditions, if any, which gave rise to immediate	(b) <u>C</u>	7		- Charlet		
ame		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	my W	mentalo			
o.		PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION GIVEN	IN PART IIn:		
5	Z O							
_	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		VERE FINDINGS USED		
9	표				YES NO YES	NG CAUSES OF DEATH?		
9 20	3	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART			
EQ.		OR CONTRIBUTING CAUSE OF DEA						
0 10	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 21¢ PLACE OF INJURY	211 LOCATION				
0	W.	WHILE NOT WHILE AT WORK	[AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY STATE		
e e			ital) attended the deceased from Sen	E. 10.79 <sub>10</sub>	sept.IL 10	79 that (1) (wa) lost		
2		saw the deceased alive an	Sept. 14 19 79 on		death accurred on the date and hour a			
E		22b. SIGNATURE	of) view the body offer death.	DEGREE		22c DATE SIGNED		
OKINA W		JAN	og. WWW	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/17/201		
Z		224. PHYSICIAN'S NAME (TYPE O	UR PRINT)	22e ADDRESS				
ž		Arthur J.Wi	ilets MD	1111-Sprin	ng Street Silve	r Spring, Md.		
ξ	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c NAME OF C	EMETERY OR CREMATORY	234 LOCATION			
	(3	Burial	9/17/79   Gate	Of Heaven	Silver Spring	Montg Md.		
	24 FL	UNERAL DIRECTOR		25a DAR		Formy Letter Charles		
/78	H	ines/Rinaldi	F.H.Inc. 1780 gal. H	Ave.	ATI TA MA	/ /		
			DIT 2DB. M	<u> </u>				

BP. DHMH-16 20M (VRA 15, 4) 7/78



DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARYLAND 21201	E, MAKTIAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 metricined by the hospital or offending objection.	uted within 24 hours ofter deoth. Prog. 4 = 7
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direction and should he described for use as the hurrical transit permit. Then please remove carbon pages. Proce 1 and 3 should be filed within 72 permit and the complete for use as the hurrical transit permit.	completely filled in by the funerol director. I and 2 should be filed within 72
with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical expominel must be notified of once.	of exominet must be notified at ance.

-	FOR STATE REGISTRAR		
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	2	2	9	2	Q
				1	

REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	0.		1
1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
MAr	ie	CLA	than	56	ept, 26	1449	3:25 M
Female	4 RACE CALL	CASION ALLOW	1 20 1/101	6. AGE (IN YEARS LAST BIRT	HWAY) IF U	NOER I YEAR	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITÝ O	R COUNTY OF	DEATH	
CUnknown	Unkn	own widow		Montg	omery		MD
Bethesda		HOSPITAL, NURSING HOME CHEACILITY, GIVE STE "T ADDRESS) Sda Health (	or other institution Center	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housew	F WORKING LIFE)	126. KIND OF INDUSTRY Hot	BUSINESS OR
		13c CITY OR TOWN  Bethesda	134 INSIDE CITY LIMITS?		svenor	Lane	e
14. FATHER'S NAME FIRST UNK	NOWN	LAST	15 MOTHER'S MAIDEN NAM	UN KNOWN	24	LAST	
160 WAS DECEASED EVER IN U.S. (YES, HOURS HIKNOWN) (IF YES, C	ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
NO		159-10-9125	D Paul R.	Shibelsk	i Sa	me as	
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe SED BY. IATE CAUSE (a)	Terminal	Cereboal ?	Mombers	5	APPROXIM BETWEEN OF	MATE INTERVAL NSET AND GEATH
	DUE TO, COLORITIONS C		T NOT RELATED TO THE TERM				
NO DATE OF OPERATION  190 DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING	19b. CONE	DITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?  YES □ NOV	20b. IF YES, W IN CERTIFYING YES	G CAUSES C	GS USED OF DEATH? NO
TO THE	DEATH HOUR A	OF INJURY  .M. MONTH DAY YEAR  .M. 19  OF INJURY  TREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE
22a. I certify that (I) (this ho sow the deceosed alive above. (I) (we) (did) (did	on 9/25	179 19	end that in (my) (our) opinion of	to 9/26/7	. 17		hat (I) (we) last auses stated
22b. SIGNATURE	90		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F CIAN [	220 DATE S	SIGNED
22d. PHYSICIAN'S NAME (TYP	ECRPRINT)	L MD	22e ADDRESS	ling ton Rd		L. Qa	kud
230 BURIAL, CREMATION, REMOV. Burial	Sept.2		e of Heaven	23d. LOCATION CITY OF TOWN Silver	Sprin	g. Mo	d.

TO HOSPITAL OR ATTENDING PHY. Petoined by the hospital or attendi

DHMH - 16 50M 1/76 (VR A 15 (4))

Sept. 27, 1979 Gate of Heaven

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral
Homes, P.A. Bethesda, Md.

250. DATE REC'D. BY REGISTRAN 256. REGISTRAN S SIGNALLITE OCT 0 2 19/9



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Jurial Set. 17,1970 Cate of cever labort A. Pherbrot funeral Homes, 2.1. Detressa, Md. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, bage 3 should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 hours offer death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	2 9 2 1
I. DECEASED NAME FIRST	WIDDLE	L	AST		DAY YEAR 26. HOUR
(TYPE OR PRINT) Morris	Davidson		Sept. 9, 1979	7:50 Am	
3. SEX	4 RACE			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR   IF UNDER 24 HRS
Male	Caucasian	Sept	. 29, 1916	62 yrs.	MONTHS DAYS HOURS MIN.
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TDV2 0	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Russia	USA	WIDOWE	D DIVORCED	Montgomery	MD
Silver Spring	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE HOLY Cross Ho		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF  Manager Deli	12b. KIND OF BUSINESS OR INDUSTRY Retail Food
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO Maryland Mon		TOWN Spring	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 10015 Sidney Ro	pad
Mendel Mende	MIDDLE David	dson	IS MOTHER'S MAIDEN NA	ME MIDDLE	Kleiman
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL GIVE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRESS	Maryland
Yes WW		1-2381	Michael Davi	dson, 10015 Sidne	
	only one couse per line for (a), (1) SED BY: IATE CAUSE (a).  DUE TO, OR AS A CONS (b).  DUE TO, OR AS A CONS (c).	EQUENCE OF	ogenie tollaple relevotie	Short Ventriular ar Heart Din	APPROXIMATE MIERVAL BETWEEN ONSET AND DEATH A THE STATE OF THE STATE
NO TO THE TOP OF THE T		CHICH OPERATIO	WAS PERFORMED WHOLE	INCERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
OR CONTRIBUTING CAUSE OF I		DAY TEAR			
4 CITE EITHER, NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, EYC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
27a   certify that (1) this had the deceased filtre, above ((m)/we) (did) did	spital) attended the deceased from the body after death.	19 79 , an		deoth occurred on the date and hou	
224 PHYSICIAN'S NAME TITE	Depuna	aidy	ATTENDING PHYSICIAN (	MEDICAL STAFF DORECTOR PHYSICIAN	9 Sep 7 9
ALAN I	· KERMA	IER, W	D 480/X	Yeary Cally	J.J. M. d. 204
Burial CREMATION, REMOVE Burial	23b. DATE 9-10-79		emetery or crematory vid Mem. Gdn.	Falls Church.	Virginization State
24 FUNERAL DIRECTOR NAME Danzansky-Goldbe	rg Mem. Chap.		le. Md. SEP	e rec'd by registrar 20 regist 1 3 1979	

DHMH-16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician.

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THE REPORT OF STREET		e panamis 20		anitti a a a a	
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mpletely filled in by the funeral director, page 3 and 2 shauld be filed within 72 hours ofter death

remave carban papers. Pages 1

injury, ar ather troumotic event, the

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, th After this certificate has been

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	FOR STATE REGISTRAR		IMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	ENÝ 9 2 2 9 2 2	
	I. DECEASED NAME ELLINABI	ETH DADDLE DAV	Davis	20. DATE OF DEATH DAY YEAR 20 HOUR	M
	7 sex Temple	1 RACE COLLC	NOV. 8, 1892	6. AGE (IN YEAR LAST HETHERAT) WILDER 74 NOS MONTHS OAYS HOURS MIN.	
	cou <b>Penn.</b>	76 CITIZEN OF WHAT COUNTRY!  USA	MARRIED   NEVER MARRIED	9 BALTIMORE CITY <u>OR</u> COUNTY OF DEATH Montgomery	-
	Olney	SHARON ALLA	esing Home	126. USUAL OCCUPATION (TYPE): WOLF FOR MOST OF WORKING LIFE)  H. WITE  HOME	R
1	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130. CHY OR TOV		130 STREET ADDRESS 36/2 Quein Mary Dr.	_
	Minhael	MIDDLE LAST	SARAH	MC CHAR	
	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC (E WAR OR DATES)	Thomas F.	Davis, Jr. Same as #13  Between buset and death Between buset and death	
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	TE CAUSE (0)  DUE TO, OR % CONSEQ  (b)  DUE TO, OR A A CONSEQ  (c)	ENTEROF HONOR DELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN PARE IT OF	_
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTORSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO	
ALC: NO PERSON NO PE	OR CONTREQUINES CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) (this hosp sow the deceased alive or obve. (I) (this late of the control of the	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  11fol otherwise the viceous from,  17  27  28  28  29  20  20  20  20  20  20  20  20  20	DAY YEAR 19 21f LOCATION STREET  ATTENDING PHYSICIAN  TREATMENT  TO ADDRESS  T	hity Dr. Olneythe 2083	st
	230. BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	Sept. 11, 1979	Gate of Heaven	Silver Spring Mont. Md.	

TO FUNERAL DIRECTOR.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician

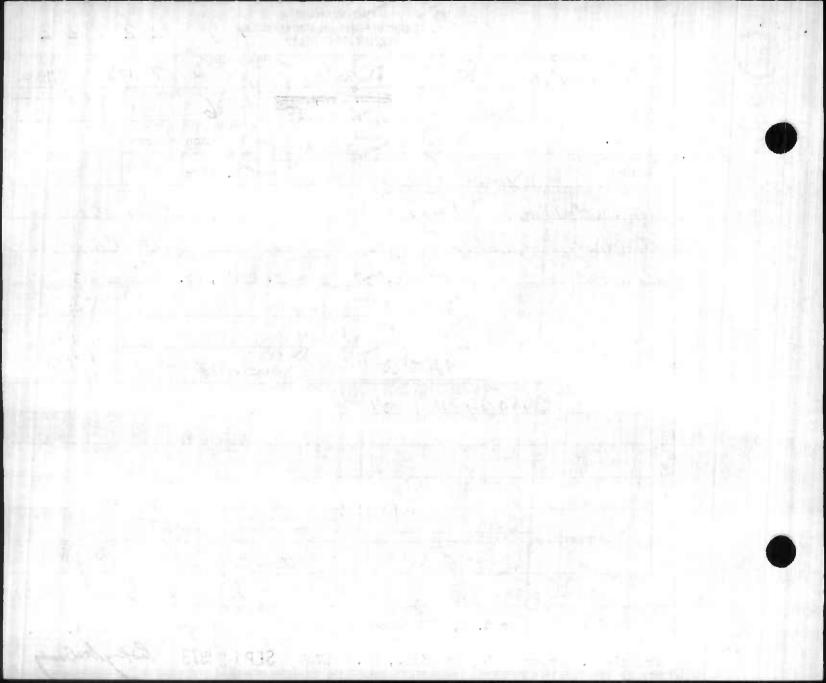
24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Francis H. Barber (VR A 15 (4))

Laytonsville, Md.

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the attending physician and completely filled in by the remove carbanpapers. Pages I and 2 should be filed with

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at ather traumatic event, the medical examine

should be detached for use as the burial-transit permit. Then please remove corbangage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

TO FUNERAL DIRECTOR, After this certificate has been

death certificate be executed within 24 hours

FOR

## STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENTAL HYCHENE

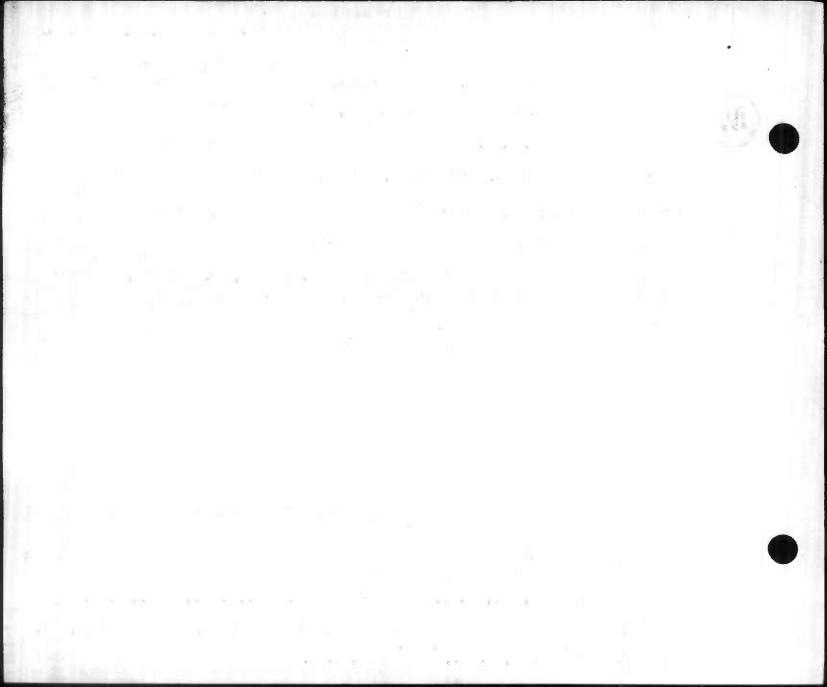
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	1 -	STATE REGISTRAR			DEFARIA		CATE OF	DEATH	iene /	7	600	4 1	6	J
	1 DEC	CEASED NAME	FIRST	A	AIDDLE		ST		2a DATE C	REG. NO	D.	AY YEAR	Zh. HOU	IP.
		OR PRINT)	HOWA		Α.		AWSO	N	50	pt	25	197	10	DM
	3. SEX	(		4 RACE		5. DATE O	F BIRTH		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS					
		male		white		Aug.	24,	1895		84	YRS.	ONTHS DAYS	HOURS	MIN
1	CC	RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER	R MARRIED		_	R COUNTY	OF DEATH		
7	Ar	kansas		U. S. A.	١.	WIDOWE		DIVORCED [		ontgon	nery			MD.
		TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	OSPITAL, NURSIN HFACILITY, GIVE STREET, Park Ave	ADDRESSI					ON F WORKING LIFE		of BUSINE	SS OR
		AL RESIDENCE (IF NURS	ING HOME OR											
C	111		136 COUN		13c CITY OR TOW			CITY LIMITS?	13e. STREET		7 A			
2		ryland	Mon	tgomery	Chevy C	hase	YES 🔀	NO []		N. Pa	rk Ave	enue		
,	14. FA	THER'S NAME		AIDDLE	LAST		15 MOTHE	R'S MAIDEN NAM	WE	WIDDIE		L/	AST	
ε	T	obv	C	laudius	Dawson		Nel	llie					oward	d
		VAS DECEASED EVER	IN U.S. ARA		166 SOCIAL SECU	IRITY NO	17 INFORM	AANT		ADDRE	SS Ne	vis Ro	ad	
	(1	No	(IF TES, GIVE	WAR OR DATES!	578-44-3	066	Howar	d A. Da	wson.	Jr. B	ethesd	a, Mar	vland	Į
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		PART I. DEATH WAS CAUSED BY  A CUT S RELD RETORY STAND DEATH  PART I. DEATH WAS CAUSED BY									DEATH			
1		1409 IMMEDIATE CAUSE (O) ACOTE TESPITATION												
		178/		DUE TO, O	R AS A CONSEQUE	NCE OF	7:	11. 1	20 0	621	VIN	2 26	M	10
		Conditions, if any,		(b)(	3KCIV	10m	, 0)	Tryp	0/2	10	1 11/	- (4	-	U,
		cause (a), statin	ig the	DUE TO, OI	R AS A CONSEQUE	NCE OF			4					
		underlying couse	lost	( (c)										
		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATI	ED TO THE TERM	INAL DISEA	SE OR CON	DITION GIVE	N IN PART 1	(a)	
	o l													
_	X	198 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERF	ORMED	20c AUT	OPSY?		WERE FIND		
)	F								YES 🗇	NOIX	0.00	YING CAUSE	NO [	_
2	CERTIFICATION	210. ACCIDENT WAS UND	DERLYING [				21c HOW	INJURY OCCURR	ED (ENTERN	ATURE OF INJUR	Y IN ITEM 18, PA	RT I OR PART 2)		-
1		OR CONTRIBUTING		110	M. MONTH DA									
	MEDICAL	(IF EITHER, NOTIFY MEDIC.		21s PLACE		19	211 LOCAT	TION						
	ME	WANT 577 MOTHER	HILE []		EET, FACTORY, OFFICE, F	ARM, ETC )	STREE			CITY OR TOW	VN	COUNTY	ST	ATE
		AT WORK					1 0000	317 73		014	-	Va		
		220 I certify that (I) saw the decease		A	1	16	10174	19-19	. 10	4/1		9 7	, that (I) &	
		obove, (1) (we) (c	did) (did not	view the bady				y) (pgP) apinion o	Jeorn occuri	red on the do	ate and hour			oted
		THE SIGNATURE	. M	6000	///	1	DEGREE	ATTENIONIO		674		22t. DAT	ESIGNED	7/9
		Ville	n/(	u	001	n	0	PHYSICIAN (	MEDICAL DIRECTO			14-	49-	14
,		224 PHYSICIAN'S NA	AME THE OF	(PRINT)	7/1		72e ADDR	ESS						
		Peyton R	. Eva	ns, Jr.	M. D.		4900	Mass. A	ve., N	v. W.,	Wash.	, D. C	).	
				T					Ten 1 100	LABIOAL		~~~		

DHMH-16 20M (VRA 15, 4) 7/78

236. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

Suitland, Prince Georges, Md. Cremation 9-29-79 Cedar Hill Crema: 34 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Avenue, N. W., Washington, D. C. Cedar Hill Crematory BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250. DATE REC'D.



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours ofti with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical examiner must be marked at once.

STATE OF MARYLAND 2 FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
(TYPE OR PRINT) Cather	ine W	Demarest	9 29	1 79 12:40 PM
3. SEX		5. DATE OF BIRTH	o. r.o. (II. In the land of the land)	UNDER 1 YEAR IF UNDER 24 HRS
Female	White	MONTH DAY YEAR 97	82 YRS.	NTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
	U.S.	WIDOWED DIVORCED	Montgomen	y Cornty MD.
Mary and	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
Silver Spring	(IF NOT IN SUCH FACILITY, GIVE STREET AD	DRESS)		INDUSTRY /
V	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	17-03/1-tal	Teacher	Education
13a. STATE 13b COL	1014 Bethe		130 STREET ADDRESS Weyn	ou+/ St.
14. FATHER'S NAME	7. 100000	15. MOTHER'S MAIDEN NA	ME	
FIRST COMPONENT	MIDDLE LAST	Ethel	Neale Demarest	LAST
Cornelius L			ADDRESS	
	IVE WAR OR DATES)		hill,725,15thSt	20005 .Wash.DC.
IR CAUSE OF DEATH (Enter of	only one couse per line for 10) (b), and (			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY.		est	minte
440GIMMEDIA	ATE CAUSE (0)			
1101	DUE TO, OR AS A CONSEQUEN	11		
Conditions, if ony, which gove rise to immediate	(b) confestion	e Hent for	lune	any
couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUEN		auto Que it	Availle - will
DART 2 OTHER CICNIEICANT	(CONDITIONS CONTRIBUTIONS TO DE		AIN AL DISEASE OR CONDITION GIVEN	IN DADT 1/-
	CONDITIONS CONTRIBUTING TO BE	MATE BOT NOT RELATED TO THE TERM	TINAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED
F 1/2 5/15/19/19/19/19	12. 66.15.116.176.13116.176	TERRATION TO A STER OR MED	IN CERTIFYIN	NG CAUSES OF DEATH?
E		101 11014 101400 0 0 0 0 0	YES NO YES	
	216. TIME OF INJURY HOUR A.M. MONTH DAY		RED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
(IF EITHER, NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE D	(AT HOME, STREET, PACTORY, OFFICE, PAR	im, Etc.)		JAIL STATE
220.1 certify that (I) (this has	pitol) ottanded the deceased from	July 19/9	10 Sept 29 19	79 that (1) (we) lost
sow the deceased alive a	1011 00 7.	, and that in (my) (our) opinion	death occurred on the date and hour o	nd from the couses stated
226. SIGNATURE	Fag. 10	DEGREE		22c. DATE SIGNED
DN JO COM	(richard	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	9-29-79
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	^	4
Huw & G	ormzidni	800 PET	254 inc 12. 3031	
		5.5. /	ne 10910	
230. BURIAL, CREMATION, REMOVA	AL 236. DATE 23c. NA	ME OF CEMETERY OR CREMATORY	23d. LOCATION	UNTY STATE
puna	1013179 CA	Crist Esiscorsal	Gastrelle Marth	amiles, V4

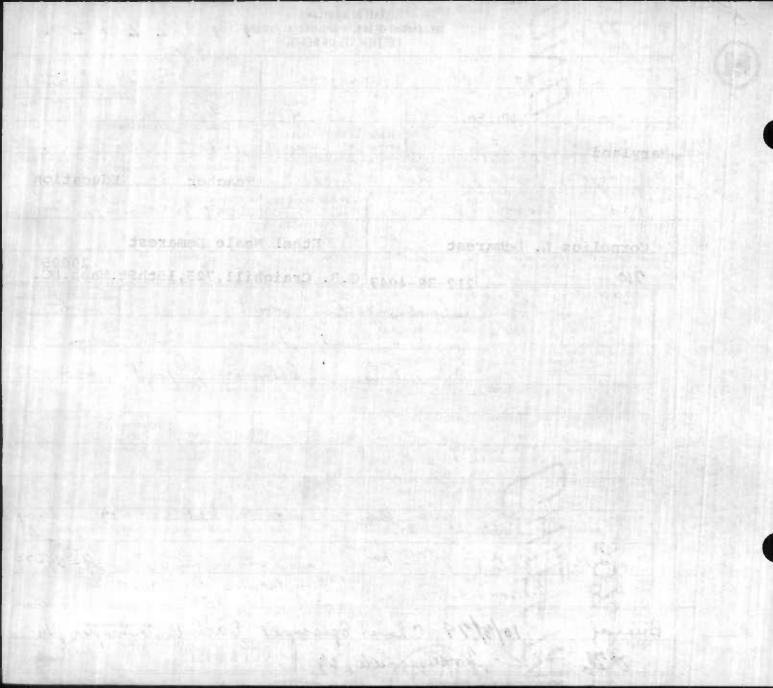
29 Christ Episiozaa Dempersueville, Va

25a. DATE REC'D.

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH-16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR



	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 mig. n.e. retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	100
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicis should be detached for use as the buriol-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical assemines must be partitled at ance.
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

2 4

3. 7n	Female (		Denton  ATE OF BIRTH  AND 15 DAY 19 10	Sept. 27, 197	IF UNDER LYEAR IF UNDER 24 HRS
70	Female (	RACE S D	ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
70	Female (				
7			GV LJ LJIV	69	MONTHS DAYS HOURS MIN
7		CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY OR COUNTY	OF DEATH
		USA WID	ARRIED NEVER MARRIED OWEDXX DIVORCED	Montgomer	y MD.
	Chevy: Chase	NAME OF HOSPITAL, NURSING HO	d Ave.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Housewife	12b KIND OF BUSINESS OR INDUSTRY Home
13	SUAL RESIDENCE (IF NURSING HOME OR OTH 30. STATE Md. 13 MONTY		e 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 4815 Drummon	d Ave.
9	FATHER'S NAME WILLIAM MIDD	Walling	IS MOTHER'S MAIDEN NAME Lucille	D.	Shelton
160	(YES, NO OR UNKNOWN) (IF YES, GIVE WAI	D FORCES? 166 SOCIAL SECURITY N R OR DATES) 577-24-932		ish Same a	ıs 13
	18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B'		1 Proumon	ica	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEQUENCE (b) C-CCS-	atic Carci	noma	9 3 79
	underlying couse lost  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE (  (c)  NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
200	Congestive ca	rdiac failure.	Anomia		
TIELCA	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER.	ATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?  S \( \text{NO} \)
		P.M.	'EAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
MEDIC	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
þ	220.1 certify that (1) (this hospital) saw the deceased alive on obove, (1) (we) (did) (did hab) vi	9/24/79 10		deoth occurred on the date and hou	
1	22b. SIGNATURE S. G. S.	itami		MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED 79 28 79
-	22d. PHYSICIAN'S NAME (TYPE OR PRI	INT)	22e ADDRESS	4	n. Chasa Md
		ami, M.D.			ry Chase, Md.
23	S. B. Gosw  Burial, CREMATION, REMOVAL 2		OF CEMETERY OR CREMATORY Parklawn Cem.	23d. LOCATION CITY OR TOWN	county STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

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C. T. Gos and F. D. SAUL Traystons I. C. There | to efficient of artists of a facility | Infault | Infa

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3	A	A	1
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 hould be described for use as the burnel-transit permit. Then please remove carbonoppers, pages 1 and 2 should be filled within 72 hours after dearth	with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

Burial

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

8 8	0	13		03	2
4	2	4	7	6	0

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYG DEATH		<b>2</b> EG. NO	2 4	26.
	CEASED NAME ORPRINT) H	elen		A.		odd		Septemb	per 26,	1979 YEAR	12:54PM
3. SE	×	4	RACE		5 DATE C		YEAR	6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	
F	EMALE		CAUCA		5	29	1893	86	YRS		
	RTHPLACE (STATE OR FO	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER	MARRIED [	9 BALTIMORE	ITY OR COUN	ITY OF DEATH	
	SHINGTON	D.C.	U.S.	Α	WIDOWE		OVORCED		mery Co	unty	MD.
10 CI	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN				120 USUAL OCC	MOST OF WORKING	GLIFE) INDUSTRY	
ÜSÜ	Olney AL RESIDENCE (IF NURS	SING HOME OR O	THER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)			HOUSEV	TEE	LOWIN	HOME
13a S	STATE	136 COUNT	Υ	13c. CITY OR TOW	'N		CITY LIMITS?	13e STREET ADD		TD #015	
14. F.A	MD ATHER'S NAME	I MON'I	SOMERY	LGAITHERS	SBURG	YESXIX	NO	401 RUS	SELL A	VE. #815	)
	TILLI AM		ODLE	ARNOLI	)	EM	FIRST		DDLE	HAY	ES
	VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	IRITY NO.	17 INFORM	ANT		ADDRESS		
	NO	(		228-72-3	1210	PAUL	DODD (S	SON) 1608	B DAVIDS	SON RD.	McLEAN, V
NC	Conditions, if ony gove rise to improve rouse to make the course to make the course to	mediate ng the last.	(c)	R AS A CONSEQUE	ENCE OF	NOT RELATE	D TO THE TERM	MINAL DISEASE OR	CONDITION	GIVEN IN PART 1	yeas.
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY		YES, WERE FIND RTIFYING CAUSE YES []	
	210. ACCIDENT WAS UNI	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATURE	4		
MEDICAL	21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	HILE [	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCAT STREE		CITY	ORTOWN	COUNTY	STATE
	220. I certify that (I) sow the deceas obyec (I) we) (22b. SIGNATURE 22d. PHYSIC) AN'S N.	ed olive on _ did) (d.d.not)	view the Body	offer deoth.  DOD  L MD	Mi	PEGREE 220 ADDRE	ATTENDING PHYSICIAN [	MEDICAL POIRECTOR   F	STAFF PHYSICIAN [	22c PATI	that (I) lost lost courses stated
23 n. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERYOR	CREMATORY	23d. LOCATIO	7	COUNTY	STATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital

> DHMH - 16 50M 1/76 (VR A 15 (4))

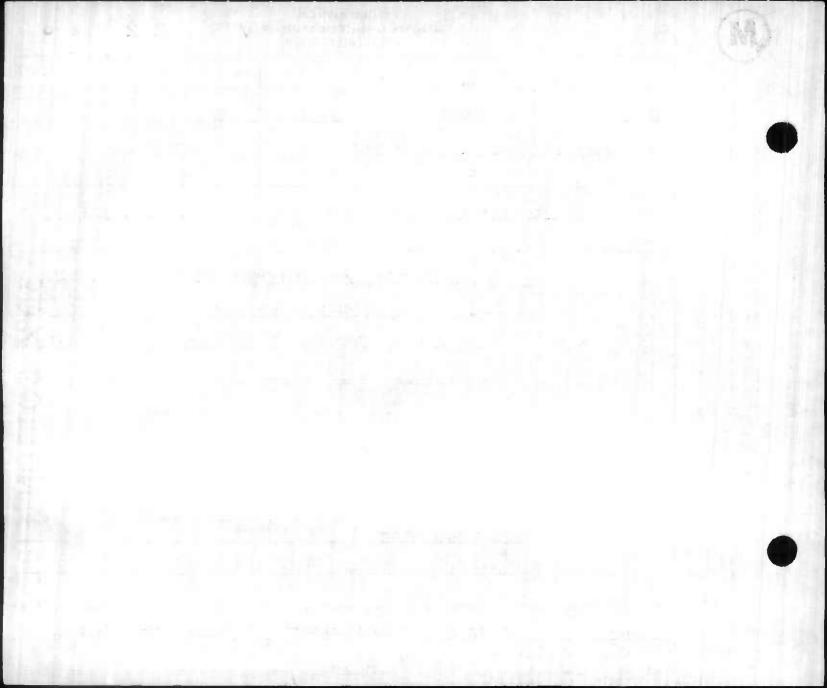
Oakwood Cemetery

LOCATION CITY OR TOWN Falls

Virginia STATE

10

BY RECIET AM 256. RECIET RAR SEIGH



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	8
O MOSPITAL CMAITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be secured within 24 hours offer death. Page 4 may be secured by the hospital or other-death abused in the control or other-death abused.	offi. Poge 4 may be
TO BINEDAL DIRECTOR After the certificate has been comed by the ottending observing and completely filled in by the funeral director	Constant los
should be detached for use as the burnol-transfer permit the please remove cohorappers. Peges I and 2 should be filed which 72 hours of the	72 hours often de man
with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.	M

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	IENE 7	9 REG. N	2	2	9	2
MIDDLE	LAST	2s. DATE	OF DEATH	MONTH	DAY	YEAR	75 HOI

	FOR STATE REGISTRAR	DEPARTM		TH AND MENTAL HYGI TE OF DEATH	ENE 7 9	2 2	9	2 7
1	I DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		28. DATE OF DEATH MO	ONTH DAY	YEAR	2b. HOUR
1	CLDRA	A	DONAL	DSON	9	3	79	135 AM
1	J. SEX	4 RACE	5 DATE OF BIR		& AGE (IN YEARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS
1	FEMALE	Caucasian	Januai	ry 29, 1912	67	YRS.	THS DAYS	HOURS MIN.
1	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY OR	COUNTYO	FDEATH	
	New York	USA	WIDOWED T		Montgomei	~~		MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OT		12a USUAL OCCUPATION	4		F BUSINESS OR
1	Silver Spring	Bel Pre Healt		e Center	Sales Pers		Hech	t Dept.
1	USUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		CCITCEL	Dares Lers	5011	HECH	L DEPL.
1	130 STATE	arund Severn	N 13d.	INSIDE CITY LIMITS?	7897 North	ı Car	tier	Court
	14 FATHER'S NAME	el		MOTHER'S MAIDEN NAM				
	Henry V	W. Bauersfeld	đ	Élizak	eth MDDIE	S	chaeÎ	er
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECUR	RITY NO. 17 I	NFORMANT (dau	ighter) ADDRESS			
1	No	-= 579 44	8524 1	Madelene G	ray Sar	me as		MATE INTERVAL PHSET AND DEATH
	Conditions, if any, which gave rise to immediate cause io storing the underlying cause last	DUE TO, OR AS A CONSEQUEN	I Ve	Erlbrio mel	seleron Ultus		ys	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	<u>EATH</u> BUT NOT	RELATED TO THE TERMI	nal disease or condi	ION GIVEN	IN PART 1(a	
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (	OPERATION WA	AS PERFORMED			VERE FINDIN	
7				HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	HITEM 18, PART	1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DI  [# EITHER, NOT#Y MEDICAL EXAMINE!  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		LOCATION	CITY OR TOWN		COUNTY	STATE
	saw the deceased alive a	pital) attended the deceased from 197	3/3 , and the	A in (my) (our) opinion d	eath occurred on the date	ond hour o	-	that (I) (we) last causes stated
	22b SIGNAPOR	Be e	ØEGR	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIA	N	9/3	IGNED 79
	ATH PHYSICIAN'S NAME (TYPE	ORPRINT]	270	ADDRESS U// 3 0+	Le De.	ash	0-1	

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

230 NAME OF CEMETERY OR CREMATORY 5Sept1979 Cedar Hill Cemeter

STATE

DHMH-16 20M (VRA 15, 4) 7/7B

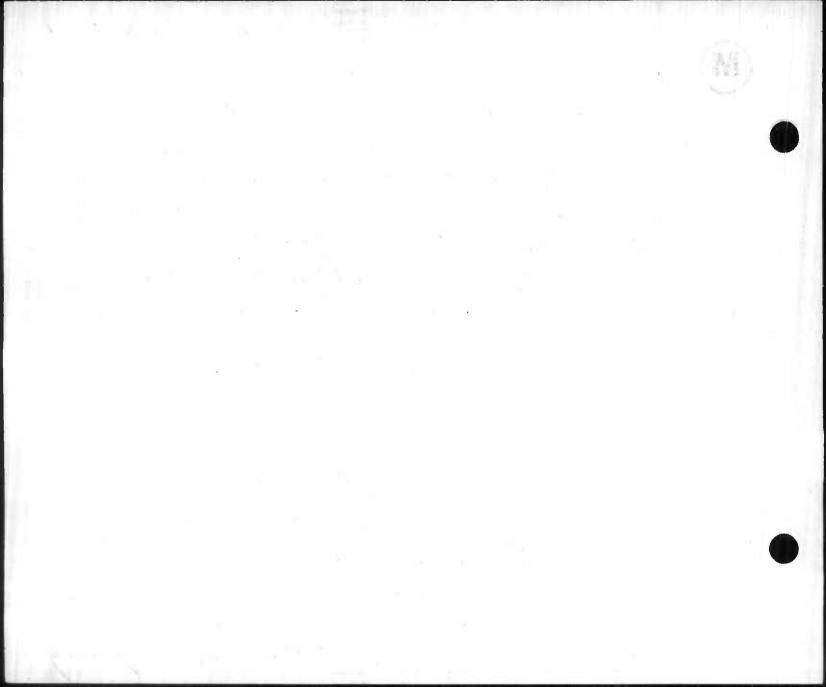
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical exam

74 FUNERAL DIRECTOR
ROBERT E. Wilhelm
Funeral Home Inc

23b. DATE

Suitland, MD

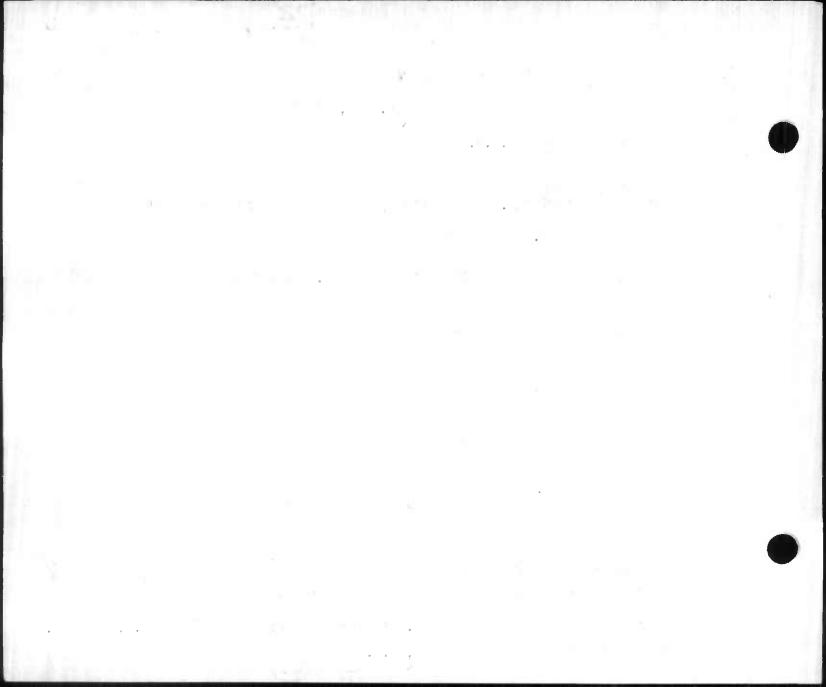
matory | 73d LOCATION | COUNTY | Netery | Suitland | PG | | 1250 | DATE REC'D. BY REGISTRAR 75b. REGISTRAR'S SIGNATURE | SEP 7 | 1979 |



TO HOSPITAL CENATIENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter dea retained by the hospital or attending physician.

TO HOSPITAL

	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MEN FICATE OF DEA	TAL HYGIEN	IE / 9	2 2	2 9	28
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the funeral dire	C	RTHPLACE ISTATE COUNTRY) ARYLAND		U.S.	.A.	MARRI		RCED	BALTIMORE CITY MONTGON	TERY	OF DEATH	MD
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Poges medico		WAS DECEASED EV YES, NO OR UNKNOWN]	ER IN U.S. ARM (IF YES, GIVE V	ED FORCES? VAR OR DATES)		SECURITY NO.	Mary D.	Sondhe	imer Same	e as #1		ghter)
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ottending nove corbi otion, or r troumatic		53/3 Conditions, if o		DUE TO, O	RAS A CONS	SEQUENCE OF	Perform	liay.	of Slow	Kech	72	hes!
ed by the cleose removal, cremo		gove rise to couse (o), sto underlying co	oting the	DUE 10, 0	R AS A CONS	SEQUENCE OF		6				
signe hen p ra bur	NO	PART 2 OTHER S	IGNIFICANT CO	ONDITIONS C	ONTRIBUTING	G TO DEATH BU	T NOT RELATED TO	THE TERMINA	AL DISEASE OR COI	VDITION GIVE	N IN PART 1(c	) '
iction  ite has been as the permit of the pe	CERTIFICATION	190 DATE OF OPE	19	19b/cond	bs at	HICH OPERATION	ON WAS PERFORM	S	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH? NO
certificate entol Hygi ltem 18 sh	_	2 (a. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY M	CAUSE OF DEAT			DAY YEAR		RYOCCURRED	(ENTER NATURE OF INJ	URY IN ITEM 18, PA	RT 1 OR PART 2)	
attendin ter this c	MEDICAL	21d. INJURY OCC	URRED	218 PLACE (AT HOME, ST	OF INJURY REET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	20	CITY OR TO	)WN	COUNTY	STATE
portal or CTOR: Affar use of Health		22a I certify that	(1) (this hospito cosed olive on e) (did) (did not)	ol) ottedded the	offer death	19 79 T	and that is (my) (ou	r) opinion dea	th occurred on the	dote and hour	and from the	that (I) we) last couses stated
AL DIRECTORY OF THE HOST ALL DIRECTORY OF THE MEMORY OF TH		22b. SIGNOTTIRE	ren (	rulin	ulid	2	DEGREE ATTE	ENDING TO	MEDICAL STA	AFF ICIAN 🗌	221 DATE	SIGNED
etoined by TO FUNERA should be de with the Stall MAPORTANT		Stever		STIA	UM.	D.	344 UM	juersity	. Blud. wa	st She	V Sprin	g, red.
BP		BURIAL, CREMATIC	N, REMOVAL	236. DATE 9/25/7	79		CEMETERY OR CRE	etery	23d LOCATION CITY OR TOWN Brentwo	od P.	COUNTY G	Md.
DHMH-16 20M (VRA 15, 4) 7/78	Pr	uneral director ancis Ga	sch's S	ons Fur	era look	Nome, P.	Α.	SEP	2 5 1979	R 25b. REGISTR	AR'S SIGNAT	Gready



13/11	1.	FOR = STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 9	2 2	9 %	2 9
		CEASED NAME FIRST Edward	P.	Dorner	14 01112 01 0211111	MONTH DA	79	2b. HOUR 3:39A
(M)	3. SE	MALE	AUCAS JAN	S. DATE OF BIRTH  SOUTH JOY 1906	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN
Conce.	70 B	IRTHPLACE ISTATE OR FOREIGN SUNTRY)  EBRASKA	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY O	R COUNTY C	F DEATH	MC
s oftend by the filled willing	30	Olney	11. NAME OF HOSPITAL, NURS  [IF NOT IN SUCH FACILITY, GIVE STRE  Montg. Gener		12ª USUAL OCCUPATI (TYPE OF WORK FOR MOST OF			
24 hour chilled in ould be f	130	ALRESIDENCE   IF NURSING HOME OR STATE 136 COUN	134 CITY OR TO		13e STREET ADDRESS	1	VEE W	Yorun Be
MARYLA malerely and 2 sh	14. F.	ATHERS NAME	MIDDLE DORN	IS MOTHER'S MAIDEN NA	WE	BAK	TO	ST K
IMORE, in ond ca	16a )	WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC W.J. 227-60		ADDRE	NER.	ME !	15 13
T., BALT rificote by physicia on papers emovol.	1	PART 1. DEATH WAS CAUSE	ly ane cause per line for (a), (b), on BY:  E CAUSE (a) METAS	MATIC COLONIC CARL	INOMA			ONSET AND DEATH
STON S eoth cer trending ve corbo on, ar re		1539 Conditions, if any, which	DUE TO, OR AS A CONSEO	UENCE OF				
W. PRE		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF				
tos, 201	NO.	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART I	a'
NI RECOR	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, VIN CERTIFYI	NG CAUSES	NGS USED OF DEATH?
OF VITA CLAN: TI 3 physica pertificote indi-tronsit ntol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LICIUS A M. MONITU	DAY YEAR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PAR	I I OR PART 2)	
DIVISION  NG PHYS  after this as the burth and Me orked or It	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOV	VN	COUNTY	STATE
NITENDIN spitol or CTOR: Af for use a of Health		saw the deceased alive on	september 4 19	September 4, 19 79		ate and hour o		that (1) <del>(we)</del> last couses stated

TO FUNERAL DIRECTOR should be detoched for u with the State Dept. of He IMPORTANT: If Item 21 is Dr. Barry I. Hecht 10620 Ga. Ave., Silver Spring, Md. 230 NAME OF CEMETE DHMH - 16 50M 1/76 (VR A 15 (4))

226. SIGNATURE

224. PHYSICIAN'S NAME (TYPE OR PRINT)

DEGREE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

MD

22c. DATE SIGNED

9/5/79

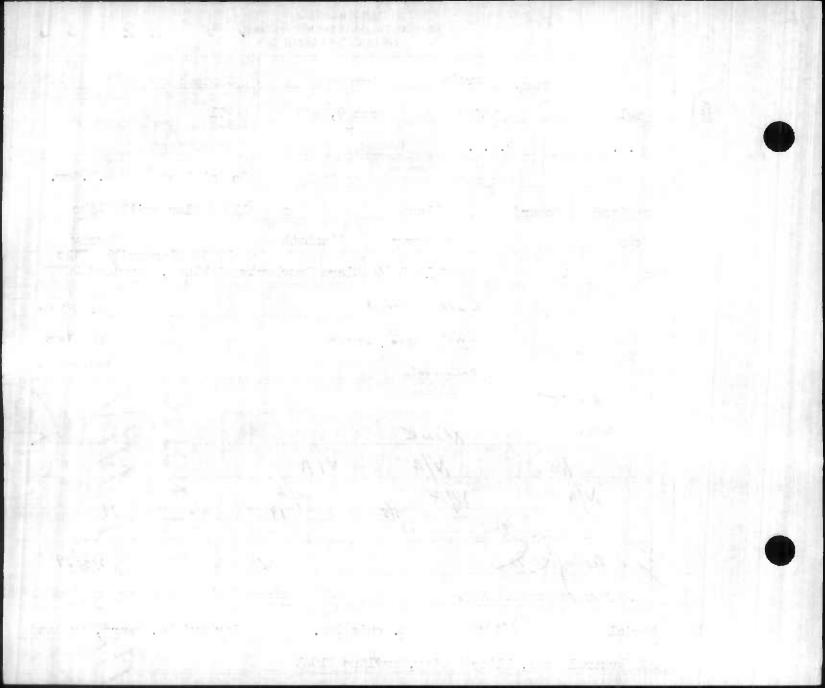
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		IO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.
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1	FOR STATE REGISTRAR		DEPARTA	AENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 2	3 0
	DECEASED NAME FIRST	ST .	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
4	E.	dward Ma	rtin	Do	ougherty	Septembe		7:10A A
3. S	SEX	4. RACE		5. DATE (		6 AGE (IN YEARS LAST BIRTH	MONTHS	DAYS HOURS MIN
	male	whi		Mar	ch 9,1908	71	YRS.	
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DE	ATH
10	N.Y.	U.S.A		WIDOW	DROTHER INSTITUTION	Montgome		MC
7	Olney	Montgo	mery Gene	eral I		(TYPE OF WORK FOR MOST OF Postal Dep	WORKING LIFE) IND	KIND OF BUSINESS OR USTRY .S.GOV.
13a		oward	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Highland	N	13d INSIDE CITY LIMITS? YES NO 3	130 STREET ADDRESS	ksville	Pike
14	FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	1	JAST
	John		Doughert	0	Elizabeth			rphy
	WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN)	S. ARMED FORCES? es, GIVE WAR OR DATES)	080 16 8		Clara Dougher		sarksvill , Maryla	
	18 CAUSE OF DEATH EN PART I. DEATH WAS C	EDIATE CAUSE (0)	_aratial c	Arres			81	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
- 3	donditions, if ony, whi	ch ( b)	RAS A CONSEQUE	NCE OF	wock		9	1/5 4pm
	gove rise to immedio couse (a), stating t underlying couse lo	he DUE TO, O	R AS A CONSEQUE				u	nknom
Z O			ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN P	ART 110
CERTIFICATION	190 DATE OF OPERATION	196 COND	NON E	_	N WAS PERFORMED	YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
			M. MONTAL DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR F	PART 2)
MEDICAL	21d. IN JURY OCCURRED  WHILE AT WORK	21e. PLACE (AT HOME, STI		ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COU	NTY STATE
	220.1 certify that (1) (this saw the deceased ali	ve on 96		9/5	nd that in (my) (our) opinion	to 4/6	te and hour and Ir	, that (I) (we) lost om the couses stated
	asilvens	& ma.	Site dedition		DEGREE	MEDICAL STAF	220	A/6/79
1		oengold M.	D.		22e ADDRESS	ce Philip Dr	1139	aryland 208
23a	BURIAL, CREMATION, REMO (SPECIFY) burial	9/8/79			EMETERY OR CREMATORY  is Cem.	23d LOCATION CITY OR TOWN Clarksvil		
	FUNERAL DIRECTOR NAME LACK Funeral F	Home Ellic	AODRESS City,	Maryl	and 21043 SEF	E REC'D. BY REGISTRAR		

DHMH - 16 50M 1/76 (VR A 15 (4))

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	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H	YGIENE 9	2 2 9 No.	3	
i		CEASED NAME OR PRINT)	Felisa		S.	DRE I SB	ACH	20 DATE OF DEATH Septemb			:52A
	3. SE)	Х	4	. RACE		5 DATE O		6 AGE (IN YEARS LAST BI			UNDER 24 H
	F	emale		Philip	pino	Jan		37	YRS.	DAYS HO	OURS MI
7	Don	IRTHPLACE (STATE O	Philip	Repub	WHAT COUNTRYS	WIDOWE		9 BALTIMORE CITY Montgome	OR COUNTY OF DEA	TH	
7	10 či Bet	thesda	p <sup>T</sup> ines	1. NAME OFFE (IF NOT IN SUC Nationa	H FACILITY, GIVE STREE	T ADDRESS)	ROTHER INSTITUTION  1 Center	12a USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEW I TE	OF WORKING LIFE) INDL	IND OF BI	USINESS
5	730. S	at residence (if N State ary land	URSING HOME OR COUNT	Υ	GIVE RESIDENCE BEFOR 134 CITY OR TOV Andrews	VN	138 INSIDE CITY LIMITS?	13e STREET ADDRESS 3774-4 NE	ew Hampshir	e Dr	ive
C	14 FA	ATHER'S NAME FIRST August		ertes	Soria		Lydia	NAME	Villa	anuev	е
2		NAS DECEASED EVI YES, NO OR UNKNOWN) NO		NED FORCES? WAR OR DATES)	301 64		Robert E. I	Dreisbach	See item 1	13	
		Conditions, if or gave rise to it couse to stunderlying case.	IMMEDIATE  ny, which mmediate bting the	DUE TO, O	PELVIC R AS A CONSEQU	ABSCE S CEL	SS AND INT		FISTULA	APPROXIMAT	E INTERVAL
	NOI	PART 2. OTHER S	GNIFICANT CO	onditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEI	rminal disease or coi			
	CERTIFICATION	190 DATE OF OPER	RATION	196 CONDI	TION FOR WHICH	- OPERATION	N WAS PERFORMED	200 AUTOPSY?  YES ★ NO	20b. IF YES, WERE IN CERTIFYING CA	AUSES OF	
		210. ACCIDENT WAS L OR CONTRIBUTING [ (IF EITHER, NOTIFY ME)	CAUSE OF DEAT	21b. TIME O HOUR A P.,	M. MONTH D	AY YEAR	214 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	IURY IN ITEM 18, PART 1 OR P	ART 2)	
	MEDICAL	21d INJURY OCCU	JRRED WHILE WORK	21e PLACE ( (AT HOME, STR	OF INJURY HEET, FACTORY, OFFICE,	FARM, ETC.]	21f. LOCATION STREET	CITY OR TO	OWN COUN	TY	STATE
		220.1 certify that	(this hospite		e deceased from 19	70	28 , 19 /9 d that in (thy) (our) opinio	, to Sept.	date and hour and fro		t (I (we) I

STATE OF MARYLAND

TO FUNERAL DIRECTOR: After this certificate hos been should be detoched for use as the with the State Dept. of Health and IMPORTANT: If Item 21 is DHMH - 16 50M 1/

(VR A 15 (4))

76	

Edward B. Weiser, M. D.

23b. DATE

9-13-79

230. BURIAL, CREMATION, REMOVAL SPECIFY)
Burial

24 FUNERAL DIRECTOR

injury, or other troumatic event, the

marked or Item 18 shaws any

National Naval Medical Center, Bethesda, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN

ATTENDING

2e ADDRESS

Arlington National

Arlington Arlington

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

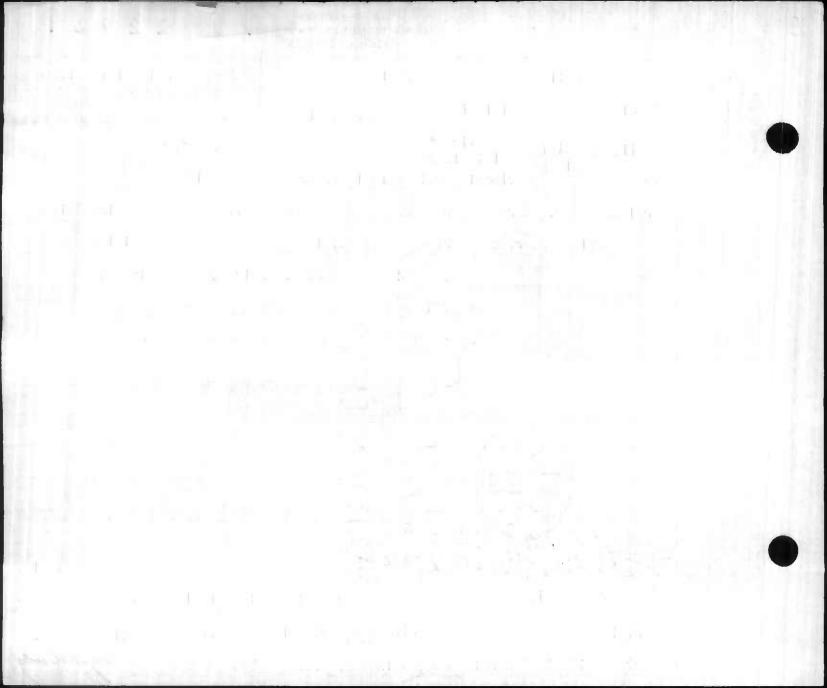
IF UNDER 24 HRS

22c. DATE SIGNED

Sept. 10,1979

Robert E. Wilhelm Funeral Home Washington, D.C.

MEDICAL STAFF
DIRECTOR PHYSICIAN



6		FOR STATE REGISTRAR		MENT OF HE CERTIFI	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH		Y REG. N		2	9	3 2
		EASED NAME  John	MODE A	Eas	ton	2a. DATE O	F DEATH	MONTH 9	21	79	26. HOUR 12-201
ソ	B. SEX	MALE	WHITE	5 DATE OF MONTH	DAY YEAR	AGE (INY	72	YRS.	IF UNDE	DAYS	HOURS MI
di once		THPLACE (STATE OR FOREIGN UNTRY)	7% CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED   DIVORCED	1 BALTIMO	PRE CITY O	COUNT		ATH	
08	_	LYEL SPRING	11. NAME OF HOSPITAL, NURSIN (IF NOTH SUCH FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION		OCCUPATI K FOR MOST O			KIND O USTRY	BUSINESS O
25	130 S	ARULAND HON	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 131. CITY OR TOW FCONGRY SILVER	N	YES NO		ADDRESS	NY C	97.		
160		Robert	D. Eastor		15 MOTHER'S MAIDEN NAM		abet		Le	ish	are
	(4		E WAR OR DATES)		Mrs. Georg	ie A.	Eas				AS #1
ar other froumotic event,		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	OSCUE	ROTTE HEAD	127 0	0/SET.	45E			
<u> </u>	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEAS	E OR CON	DITION GI	VEN IN	PART 1(c	ž
9	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	I WAS PERFORMED	YES [	PSY?	IN CERT			GS USED OF DEATH? NO [
9	-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR	216 HOW INJURY OCCURR	ED (ENTERNA	ATURE OF INJUI	RY IN ITEM 18.	PART I OR	PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET		CITY OR TO	vn (	COL	YTM	STATE
them 21 is morked			atal) ottended the deveosed fram-	/	d that in (my) (our) opinion d	, to leath occurre	ed on the de	ote and ho			
		221 PHYSICIAN'S NAME (TYPE O	Menagy lup		ATTENDING PHYSICIAN 22 • ADDRESS	MEDICAL DIRECTOR	STAI PHYSIC		0	7-2	1-79
	4	JEROME SC	HNAPP, MD		11161 New 4	Ampl	hire,	Res	lus	Spri	14 Met

DHMH-16 20M (VRA 15, 4) 7/78

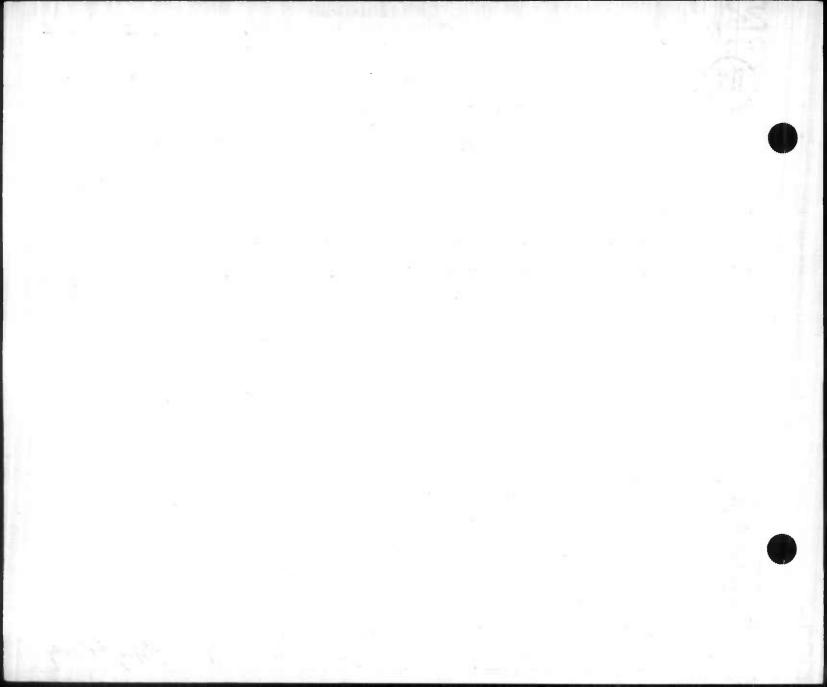
230 BURIAL, CREMATION, REMOVAL BURIAL 79 23c. NAME OF CEMETERY OR CREMATORY

284 LOCATION

STATE COUNTY Maryland

Meadowridge Mem. Park Balto Howard, Mar 136 DATE REC D. BY REGISTRAN 236 REGISTRAN'S SIGNATURE 1 INC. 100 SEP 24 1979 PLECK LAUREL FUNERAL HOME, INC. 7601 Sandy Spring Rd. Laurel, Md

23b. DATE



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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	J	=	_	8	0	_`
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	to medical examiner: this certificate should be executed within 24 hours after death. If any delay	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO T	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAC	to funeral director: page 3 should be used as a burial-transit permit. Pages 1 and 2 should be fil	after death, with the state department of health and mental hygiene, division of vitar records, 30	BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
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**DHMH-17** 

(VR A15 ME (5))

15M7/76

Homes, P.A.

Bethesda, Md.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONTH 2b. HOUR (TYPE OR PRINT) ESTI-D. DEATH MATED Jr. 9 Frederick Ebert IF UNDER 1 YR DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 1:15A LAST BIRTHDAY) PRONOUNCED Apr. 26, 1935 44 DEAD White 19 79 Male Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF MARRIED NEVER MARRIED Pa. USA DIVORCED [ Montgomery County, ID CITY OR TOWN OF DEATH 128. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Bethesda Suburban Hospital Cost Estimator Bechtel Co. DIME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 130. STATE Berks \$inking SpringesX NO [ 182 Elwyn Ave. Pa. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Frederick D. Ebert, Sr. Mabe 1 Cope 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I LIE YES GIVE WAR OR DATES) Same as 13 No 195-26-5289 Doris Ebert 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES T NO . 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 9 driver in auto that lost control XXX 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, III. LOCATION MONT. MD. STREET, FACTORY, FARM, ETC WHILE AT WORK AT WORK 355 nr. Shady Grove Rd. Gaithersburg. Autapsy X 220. I certify that I taok charge at ns described obave, held an Homicide Undetermined monner death resulted from Suicide Accident A TITLE (SPECIFY) ACTUAL DATE SIGNED. Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. ADDRESS (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Scot. 12.1979 Haine's Cem Wernersyi 24 FUNERAL DIRECTOR Rober 2 & Pumphrey Funeral



SCP1 4 TO

Male White Aug. 11, 1913 66 vs.    Male   White Aug. 11, 1913 66 vs.	hysicion.  It costs have been signed by the attending physician and completely filled in by the funeral director particles are move carbon papers. Pages 1 and 2 should be filed within 72 hours after a Hygiene prior to buriol, cremation, ar removal.  Is show so any injury, or other traumatic event, the medical examiner must be natified at once.  CERTIFICATION  CERTIFICATION  CERTIFICATION	Male BIRTHPLACE STATE OR FOREIGN COUNTRY) Washington, D.C. CITY OR TOWN OF DEATH UAL RESIDENCE (IF NURSING HOME OF STATE Maryland FATHER'S NAME FIRST James WAS DECEASED EVER IN U.S. AF	Th CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET,  UND AND AND AND AND AND AND AND AND AND A	S. DATE OF BIRTH  MONTH DAY YEAR  AUG. 11, 1913  8 MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCESSION  ADMISSION NO N	6 AGE (IN YEARS LAST BIRTHDAY)  66 YR  9 BALTIMORE CITY OR COUNT  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Real Fistate  13e STREET ADDRESS  24701 Ridge	IFUNDER I YEAR IF UNDER 28.  IS NOTY OF DEATH  OUT OF DEATH  OUT OF BUSINESS  INDUSTRY  Droker
Male   White   Aug. 11, 1913   66 yrs   700 Mis   700	CERTIFICATION  Cost becausing by the attending physician and completely filled in by the funeral direction formst permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after Hygene prior to burial, cremation, ar removal.  18 shows any injury, or other traumatic event, the medical-examiner must be notified at once.	Male BIRTHPLACE STATE OR FOREIGN COUNTRY) Washington, D.C. CITY OR TOWN OF DEATH  DEFINED DA  UAL RESIDENCE (IF NURSING HOME O STATE ISB COU Maryland Mont FATHER'S NAME FIRST  James  WAS DECEASED EVER IN U.S. AF	White  7b CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL, NURSIN (IFNOT IN SUGFFACILITY GIVE STREET)  OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE NTY  13c CITY OR TOWN  DAMASCUS  MIDDLE  LAST	MONTH Aug. 11, 1913  8 MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED NADMISSION NO DIVORCED DIVORCE	9 BALTIMORE CITY OR COULD  Mont Gov  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Real Estate  13e STREET ADDRESS 24701 Ridge	NTY OF DEATH  OUT OF DEATH  OUT OF BUSINES:  INDUSTRY  Droker
COUNTRY Washington, D.C.  U.S.A.  WIDOWED D MORCED D MORCED D MORCED DISTRIBUTION  (IN CITY OR TOWN OF DEATH  TO CITY OR TOWN  TO CITY OR	rivation.  I took hos been signed by the attending physician and campletely filled in by the funeral ranks permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 b. Hygene prior to burial, cremation, ar removal.  18 shows any injury, or other traumatic event, the medical-examiner must be natified at any certification.	Washington, D.C.  CITY OR TOWN OF DEATH  DEFINE DA  UAL RESIDENCE (IF NURSING HOME OF STATE IS A COUMARY)  Maryland Mont (FATHER'S NAME FIRST James  WAS DECEASED EVER IN U.S. A A COUNTY OF THE PROPERTY OF T	U.S.A.  111. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET,  U.S.A.  (IF NOT IN SUCH FACILITY, GIVE STREET,  U.S.A.  (IF NOT IN SUCH FACILITY, GIVE STREET,  U.S.A.  (IF NOT IN SUCH FACILITY, GIVE RESIDENCE BEFORE  NIY  ISC. CITY OR TOWN  Damascus  MIDDLE  MIDDLE  LAST	WIDOWED DIVORCED CHOME OR OTHER INSTITUTION ADDRESS)  ADMISSION  13d INSIDE CITY LIMITS?  YES NO 1  15 MOTHER'S MAIDEN NA	Mort Qorr  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Real Estate  13e STREET ADDRESS  24701 Ridge	nery County  M26 KIND OF BUSINES INDUSTRY  Broker
TO CONTRIBUTION OF DEATH THE CONTRIBUTION OF ROSPICAL NUMBERS OF DEATH CHIEF ON THE STRIPLION OF ROSPICAL NUMBERS OF THE RESTRIPLION OF THE RESTR	hysicion.  It is a seen signed by the attending physician and campletely filled in by the ronst permit. Then please remove carbongapers. Pages I and 2 should be filled with Hygiene prior to buriol, cremation, ar removal.  Is shows ony injury, or other traumatic event, the medical examiner must be notified.	DETHES DA  UAL RESIDENCE (IF NURSING HOME O ISTATE IS DE COU  Maryland Mont FATHER'S NAME FIRST  James  WAS DECEASED EVER IN U.S. AF	(IF NOT IN SUCH FACILITY GIVE STREET / LOW LAW AND	ADMISSION   13d INSIDE CITY LIMITS? YES \ NO \ \ 15 MOTHER'S MAIDEN NA	Real Estate  13e STREET ADDRESS 24701 Ridge	broker
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James B. Eckloff Katharine F. Schneider  James B. Eckloff J. Item 13  James B. Eckloff Katharine F. Schneider  James B. Eckloff Katharine J. James B.	ricate has been signed by the attending physician and complete canoni permit. Then please remove carbon papers. Pages 1 and 2 Hygene prior to burial, cremation, ar removal.  18 shows any injury, or other traumatic event, the medicahexamir.	James Was deceased ever in U.S. As			MF	A VILL &
Due to, or as a consequence of the underlying couse lost.    Source   Conditions   Contribution   Contribution	hysicion.  reate has been signed by the attending physician and c ransit permit. Then please remove carbon papers. Pages Hygiene prior to buriol, cremation, ar removal.  18 shows ony injury, or other traumatic event, the medica CERTIFICATION	WAS DECEASED EVER IN U.S. AF			. MIDDLE	
PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse last.  DUE TO, OD AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D. PASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D. PASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D. PASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D. PASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D. PASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D. PASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D. PASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D. PASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D. PASE OR CONDITION GIVEN IN PART 1 (a)  PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D. PASE OR CONDITION GIVEN IN PART 1 (a)  PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D. PASE OR CONDITION GIVEN IN PART 1 (a)  PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL D. PASE OR CONDITIONS CONTRIBUTIONS CONTRI	hysicion.  rede hos been signed by the attending pronsit permit. Then please remove carbon, Hygene prior to buriol, cremation, arrem 18 shows ony injury, or other traumatic eve		/E WAR OR DATES)			Item 13
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL DE ASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL DE ASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL DE ASE OR CONDITION GIVEN IN PART 1(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL DE ASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION  190. DATE OF O	hysicion.  roote hos been signed roosi permit. Then pl. Hygiene prior to buri 18 shaws ony injury, of	Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	money may	dicionoz lung	2 day 5 mos
OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  21e. PLACE OF INJURY  21l LOCATION	E				20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
at work	tending this company with the burner and Me	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOT WHILE	HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY	19 21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)

23c. NAME OF CEMETERY OR CREMATORY

Westview

23d LOCATION CITY OR TOWN
Baltimore

DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY Cremation

23b. DATE

74. FUNERAL DIRECTOR L. Molesworth, Danascus, Md.

Sept. 18, 1979

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CEF	RTIFICATE OF DEATH	REG. NO	).	,			
1. DECEASED NAME FIRST TYPE OR PRINT) Juli		A. E	idem	September	MONTH DAY YEAR	2b. HOUR			
				-		2 p. M			
3. SEX	4. RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTY	MONTHS DAY				
Female	White	e Ma	rch 7,1888	91	YRS.				
70. BIRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH				
Minnesota	USA		OWEDXX DIVORCED	3.6	У	MD.			
10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR			
Silver Spring	Fair	and Nursing	Home	Homemaker		estic			
USUAL RESIDENCE IN NURSING HO	AE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMIS	SION) 1134. INSIDE CITY LIMITS?	13e. STREET ADDRESS					
Virginia		Alexandria		271 Aspen	Street				
14. FATHER'S NAME			15. MOTHER'S MAIDEN N	AME					
Gunerius	MIDDLE	Anonby	Sofie	WIDDLE	(Unobtain	able)			
160. WAS DECEASED EVER IN U.S		16b SOCIAL SECURITY N		AD 7.1	Aspen St.				
(YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	473-26-784	3A Mr Gordon	B. Eidem Ale	exandrias V	an .			
18. CAUSE OF DEATH (Ente	r anly and cause her		011 121 0020011			OXIMATE INTERVAL IN ONSET AND DEATH			
PART I. DEATH WAS CA		Termoral	Porcast Ca	hutastas.	10	1979			
Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUENCE							
underlying couse lost	underlying couse lost.								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. COND	ITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS				
1				YES NO	YES	NO 🗆			
an a	F DEATH HOUR A.	DE INJURY M. MONTH DAY Y M.		IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	2)			
OR CONTRIBUTING CAUSE OF THE ETHER, NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE TAY WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ET	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE			
220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (di	on Church	USF 19 7(G)	, and that in (my) (aur) apinion	n death occurred on the do	te and hour and from t	_, that (I) (we) lost he causes stated			
22b. SIGNATURE				MEDICAL STAF		TE SIGNED 4/16/79			
22d. PHYSICIAN'S NAME IT		ve us	7435 Qu	lington 12	de Better	la me			

DHMH-16 60M 1/73 (VR A 15 (4))

236. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 236 DATE 9/17/79

24 FUNERAL DIRECTOR after J. Holf ...
Cunningham Funeral Home, Inc.

23c. NAME OF CEMETERY OR CREMATORY Lee

Washington, D.C.

STATE

AGameron & Alfred Sts. SEP 1 9 1979 256 REGISTRAN 256 REGI



requires that the death certificate be

ATTENDING PHYSICIAN: The low

retained by the hospital ar attending physician

	STATE OF MARYLAI
FOR	DEPARTMENT OF HEALTH AND M

ND MENTAL HYGIENS

2 2

9

100	REGISTRAR				CERTIF	ICATE OF DI	EATH		REG. NO.	7 02		3 10	
	DECEASED NAME	FIRST		MIDDLE	L	AST		2a DATE OF DE		ONTH DAY	YEAR	2b. HOU	JR
(1	TYPE OR PRINT)	ROSE	C.	EN	GELMA	N		SEPT	. 2		1979	10	P
3.	FEMAL	E	4 RACE CAUC	ASIAN	S. DATE C.	DAY	YEAR	60	LAST BIRTHO		UNGER I YEAR	HOURS	MIN
10	BIRTHPLACE (STATE COUNTRY)  WAS COUNTRY OF THE COUN		76 CITIZEN OF	WHAT COUNTRY?	0	D NEVER M		BALTIMORE		COUNTYO	F DEATH		
10	CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIF	NG HOME C	R OTHER INSTI		USUAL OCC (TYPE OF WORK FOR Histo:	UPATION	ORKING LIFE)	126. KIND C INDUSTRY USGO		ESS
35 M	SUAL RESIDENCE (1 36. STATE	13P CON	R OTHER INSTITUTION NTY		RE ADMISSION)	13d. INSIDE CIT	NO 🗆	3e. STREET ADD		e Te	crace	7	
1-	Samuel		MIDDLE	Engelmai	n		MAIDEN NAM Irst	M	IOOLE	Bro	odess	er	
1 16	WAS DECEASED I YES, NO OR UNKNOW		E WAR OR DATES)	166. SOCIAL SECT		17 INFORMAN	VT .	6813 1	ADDRESS	t. Pe	eters	bure	j id
				ONTRIBUTING TO				VAL DISEASE O	Y?	20b. IF YES, V	WERE FINDI	NGS USE	
2	RTIFIC								o <b>X</b> i	YES	<u></u>	NO [	
- ( 1	OF COLUMNIA TRUE	AS UNDERLYING [ CAUSE OF DE MEDICAL EXAMINER	AIH	DFINJURY M. MONTH D M.	AY YEAR	21c. HOW INJ	IURY OCCURRE	D (ENTER NATURE	OF INJURY I	IN ITEM 18, PAR	T 1 OR PART 2)		
	(IF EITHER, NOTIFY  21d INJURY OF	CURRED  NOT WHILE  AT WORK		OF INJURY FREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATIO STREET	Ν	cn	Y OR TOWN		COUNTY	s	TATE
2	22a.1 certify the	eceased alive o	011		79, 01	nd that in (my)		eath accurred a		and hour o	and from the		atec
	MI SIGNATUR	Q do	ector	MD		Р		MEDICAL DIRECTOR	STAFF PHYSICIA		22c. DATE	SIGNED	9
1	DR .	ISRAE.	CHOCK INTERNATION	OR		911 S		SPRIN	G AV	Æ, S	IL.SF	. , M	D.
2.	3a BURIAL, CREMAT	ION, REMOVA	23b. DATE			Mem. Ga		23d LOCATIO	Mor	taame	OUNTY Ma	rvla	ATE

TO HOSPITAL

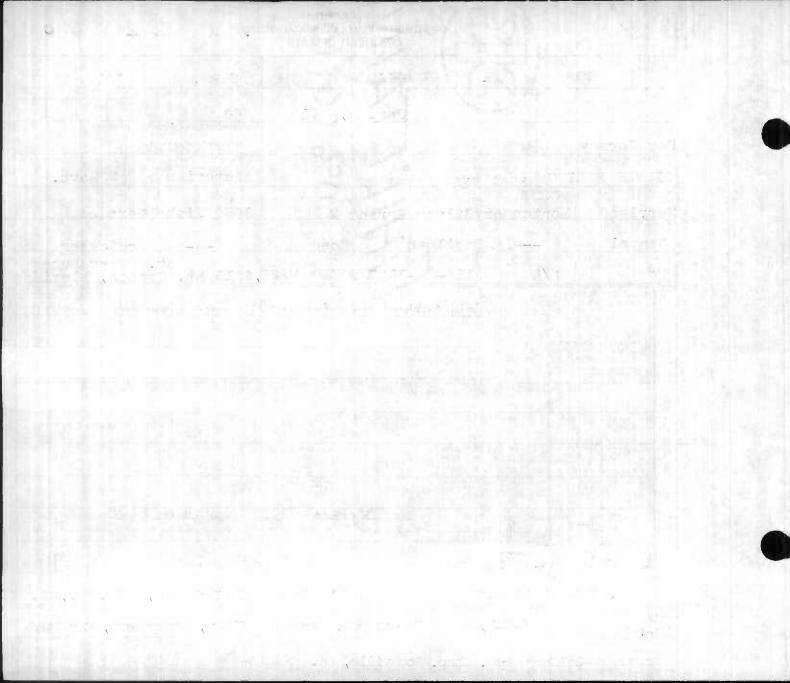
DHMH - 16 50M7/77 (VR A 15 (4))

Burial
24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Danzansky-Goldberg Mem. Chap. Rockville, Md.

SEP



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Lost 2o. DATE OF DEATH 2b. HOUR DECEASED-NAME (Type or print) ictor avald Ellen 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) august 1906 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY, OF DEATH 8. MARRIED NEVER MARRIED Gettysburg, Pa. United States DIVORCED | WIDOWED [ 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital b. KIND OF BUSINESS OR during most of working life, even if retired.) (INDUSTRY ASST. Ch. of Propation U.S. Courts 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTMONtgomery STAN Maryland YES Y 4401-Glenridge Street Kensington 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle John Ev.jen Selma Kretschmann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? iób. SOCIAL SECURITY NO. 17 INFORMANT Address Yes no, or unknown) (If yes give war or dates of service) 218-34-6913A Jessie H. Evjen-Wife Same as # APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute myocardial infraction Two days MMEDIATE CAUSE (o) \_ DUE TO, UR AS A CONSEQUENCE OF Conditions, if only, which gove Years Atherosclerosis generalized (Moderate) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse d PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) RECORDS, permit. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? Yes YESTOR NO F 21o. ACCIDENT WAS UNDERLYING [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY, ) 21f, LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (1) (this hospital) attended the deceased fram Feb 20 , 1971, ta Sept 21, 1979, that (1) (we) last saw the deceased alive an Sept 21 1979, and that in (my) (sur) opinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATUR 22c DATE SIGNED ATTENDING STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS George Town NAME (Type) O FUNERAL pauinte. should af Heal

DHMH-16 1/71 30M (VR A15 (4))

Cremation 24. FUNERAL DIRECTOR J.Wm. Lee's Sons Co. 300-4th St., NE, Wash., D.C.

BURIAL, CREMATION,

9-22-1979

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Lee's Crematory

2So. REC'D BY REGISTRAR

23d. LOCATION (City or Town) (County) (Stote) Washington, D.C. 25b. REGISTRAR/STSIGNATURE

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Maryland Journa erective and the Maryland Company of the Supple

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	FOR
-	STATE
	REGISTRA

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 kwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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9	2	2	7	5	0
DE/	S NO	1 1			27

REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	10.		7	
1. DECEASED NAME (TYPE OR PRINT) EL		N.	FEL	LLER	20 DATE OF DEATH SEPTEMBI		1979	26. HOUR TS	
3. SEX FEMALE	4. RACE WHI	TE	NOVEN	BER 6, 1919	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HE HOURS MIN	
70 BIRTHPLACE (STATE OR FORE		WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
10 CITY OR TOWN OF DEATH	(IF NOT IN SUCE	OSPITAL, NURSIN H FACILITY, GIVE STREET A	AOORESS)	OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST BUYER			ANDISE	
USUAL RESIDENCE (IF NUME INC. 130. STATE MARYLAND		GIVE RESIDENCE BEFORE 131 CITY OR TOWN STLVER S	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	UGLAS	AVENUE		
SERGE	WIDOIE	NELSON		LEAH	AME		(UNKNÔ	WN)	
16a. WAS DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	131-07-1		SAMUEL M.	FELLER, 102	12 DOU	GLAS AV	ENUE,	
PART 2. OTHER SIGNIF				NOT RELATED TO THE TEN	MINAL DISEASE OR COP	20b. IF YE	S, WERE FINDIN		
OR CONTENENT INC CAL	210. ACCIDENT WAS UNDERLYING 21b. TIME ( OR CONTRIBUTING 2 CAUSE OF DEATH HOUR A			21c. HOW INJURY OCCU	YES NO X	YE	FYING CAUSES ES  PART 1 OR PART 2)	NO [	
GIF EITHER, NOT IFY MEDICALE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	(AT HOME, STR	**			CITY OR TO	)WN	COUNTY	STATE	
sow the deceased	220.1 certify that (i) (this hospital) attended the deceased from Seget 12, 19 23, to Seget 11, 19 29, that (i) (see sow the deceased alive on the date and hour and from the causes state above. (i) (see for view the body after death.								
22d PHYSICIAN'S NAM EDWARD R	E (THE RPRINT)  CHARDS, M.	D.	h	ATTENDING PHYSICIAN 2010 ADDRESS 10301 GEORGI	MEDICAL ST.		9- SPRING	11-7	
230 BURIAL, CREMATION, RE	V	23c. N		METERY OR CREMATORY			COUNTY CEOPC		

OR ATTENDING PHYSICIAN. CLERRED

retained by the hospital or

DHMH - 16 50M 1/76 (VR A 15 (4))

TOONALDOM. STEIN HEBREW MEMORIAL FUNERAL HONE POTE RECORD TO STEEL TO BY SEGISTRAL FOR SEGISTRAL FOR





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ending physician and completely filled in by the funeral carbonpapers. Pages 1 and 2 should be filed within 72 l

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should be detached for use as the burnol-transit permit. Then please remove carbon page with the State Dept. of Health and Mental Hygiene prior to burnol, cremation, ar removal

TO FUNERAL DIRECTOR: After this certificate has been

TENDING

TO HOSPITAL

injury, or other traumatic event, th

120			STAT	E OF MARYLAND						
1.	FOR STATE		DEPARTMENT OF	HEALTH AND MENTAL HY	GIENE 7	9 2	2 2	9	3 9	)
I DE	REGISTRAR CEASED NAME , FIRST			LAST	2a DATE OF I	REG. NO.	DAY	YEAR	at 11011B	
	OR PRINT)	ise	Barneste	rebee	26 DATE OF	9-	8-	79	26 HOUR	1A
3. SE		4 RACE	5 DATE	OF BIRTH	& AGE (IN YEA	RS LAST BIRTHOAY)	IF UNDE	-	# UNDER 24 H	
60	emale	whit	e Sep		58	VI	MONTHS:	DAYS	HOURS M	AIN
7a B	IRTHPLACE (STATE OR FOREIGN		WHAT COLINTRY?		9 BALTIMOR	E CITY OR COU		ATH		_
	orth Carolina	USA	WIDOW	D NEVER MARRIED	man	TGOME	PAS			MD.
-	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME		126 USUAL O				BUSINESS	
6	ETHESDA	SUBUL	HEALITY, GIVE STREET ADDRESS)	PITAL.	Secre	for most of working tarlu	NG LIFE) IND	USTRY		
USU	AL RESIDENCE (IF NURSING HOSTATE	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIONS	1134. INSIDE CITY LIMITS?	A					_
	. 0 1 118	ntaomeru	Kensington	YES NO	11 209		Road			
14. F	ATHER'S NAME			15. MOTHER'S MAIDEN N	AME		130 000			
	Millard	MIDDLE	Barnes	Annabel	20	WIDDLE		Campi	hell	
	WAS DECEASED EVER IN U.S		166 SOCIAL SECURITY NO	17 INFORMANT hust		ADDRESS		ocarijo	Jack	
- 6	YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	238-14-7105	John S. Fere		same	as 130	e		
	18. CAUSE OF DEATH (Ent.		line for (a), (b), and (c)		J		_	APPROXIMETWEEN O	NATE INTERVAL NSET AND DEA	ATH .
		DIATE CAUSE (0)	Caracorespo	ratory ar	RIT		-			
	1601	DUE TO, O	R AS ACONSEQUENCE OF	10						
	Conditions, if any, which gove rise to immediate		Cancer of	dung						
	couse (o1, stating the	DUE TO. O	R AS A CONSEQUENCE OF							
		( (c)								_
¥	PART 2 OTHER SIGNIFICA	INT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION	GIVEN IN F	PART 1(o	}	
CERTIFICATION	19a DATE OF OPERATION	TIPL COND	TION FOR WHICH OPERATIO	N WAS DEDECORMED	20a AUTOF	25 20 10 II	F YES, WERE	FINDIN	CSTISED	
FIG	, DAIL OF GLEATION	110 00110	THE TOTAL THE TOTAL PROPERTY OF THE TOTAL PR	NA WASTER SIMES		INCE	ERTIFYING C		OF DEATH?	
ERT	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME O	FINIURY	21c. HOW INJURY OCCU		NO	YES	PART 2)	NO 🗌	
	OR CONTRIBUTING _ CAUSE C	OF DEATH HOUR A.	M. MONTH DAY YEAR	The How is south occo	THE TENTER IN	JAC OF HAJORI HATTEN	10,77811081	( An ) 2 j		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM 214. INJURY OCCURRED	21e. PLACE		211 LOCATION						
ME	WHILE NOT WHILE	4 . 5	EET, FACTORY, OFFICE, FARM, ETC.)	STREET		CITY OR TOWN	COU	NTY	STATE	
	AT WORK - AT WORK			1972		C. 18 1	1 0	63		
	22e.1 certify that (1) (this h sow the deceased aliv		10 76	nd that in (my) (and opinio	a death assured	an the data and			hat (I) (we)	
	obove, (I) (we) (did) (di 226. SIGNATURE			DEGREE	ii dediii occorred	on the dote ond				
	Ann A	111	Belin	ATTENDING	MEDICAL _	STAFF	1,000	DATE	170	
	224. PHYSICIAN'S NAME (I	TYPE OR PRINT!	unair/		DIRECTOR	PHYSICIAN [	]	1/6	///	
	Canal I F		n	11105 Pachuilla Diba Pachuilla Nd						

DHMH-16 20M (VRA 15, 4) 7/7B

IMPORTANT: If them 21 is morked or Item 18

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

234 LOCATION CITY OR TOWN

COUNTY

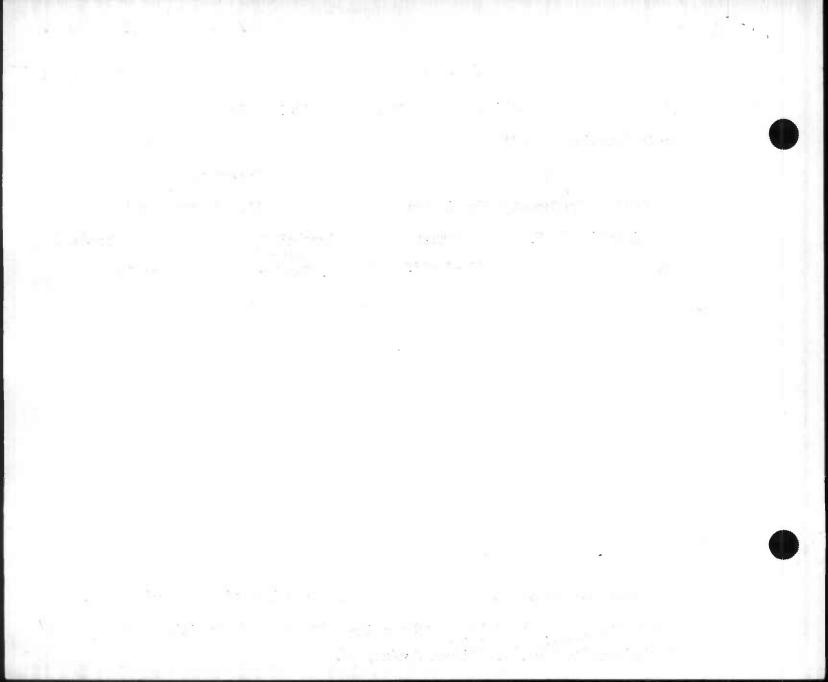
STATE Vai

Metropolitan Crematory Alexandria

136 DATE REC'P. BY REGISTRAR 256 DEGISTRAR'S AGNAJURE
256 P. Snrina. Md. SEP 1 4 1979 Cremation Sep. 8, 1979 Metropolitan

14 FUNERAL DIRECTOR Francis J. Collingues

500 University Blvd., W. Silver Spring, Md.



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

9 22940

ı	REC	SIRAR				CERTIT	CAILOI	PLATII	REG. N	10.				
ı	1 DECEAS	SED NAME	FIRST	,	MIDDLE	L.	AST		20 DATE OF DEATH		DAY	YEAR	26 HOUR	
ı			Anna		Μ.	FER			Septembe		27	1979	1:45	
ı	3. SEX			4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THOAY)	MONTHS	ER I YEAR	HOURS M	HRS UN
I	Fem	ale		Caucas	ian	Jul	y 3	1922	57	YRS		7 500	1100110	
-		LACE (STATE OR		76. CITIZEN OF	WHAT COUNTRY	? 8	MA NIEVES	MARRIED [	9 BALTIMORE CITY	OR COUN	ITY OF D	EATH		
1		HOSLOVA		USA		WIDOWE	D	OIVORCED [	Montgome					MD.
-	Bet	hesda		Nationa	HOSPITAL, NURSI H FACILITY, GIVE STREE Naval	Medica	r other in	ter	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEW! f	OF WORKING	G LIFE) INI	LKIND OF DUSTRY Home	BUSINESS	OR
			Nor	OTHER INSTITUTION, ITY FO1k	GIVE RESIDENCE BEFO 13c, CITY OR TOV Norfo	RE ADMISSION)	YES 🔀	CITY LIMITS?	130 STREET ADDRESS 1261 Rive	er Oa	aks D	rive		
4	14. FATHER	Vaclav	,	MIODLE	Camas			rs maiden nam Mary	WE WIDDLE		Na	se l'		
5	160 WAS I	DECEASED EVE		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORM	ANT	ADDR	ESS				
	No	O OR UNKNOWN)	(117 123, 0146	WAR OR DATES)	075 14	7549	John	A. Fere	s See ite	əm 13	3			
ı	18. 0	CAUSE OF DEA	TH (Enter on	ly one cause per	line for (o), (b), a							APPROXIM BETWEEN O	NATE INTERVAL	тн
ı		PART I. DEATH		E CAUSE (a)	2 Theum	natic F	Teart 1	Disease						
I	3	989	7	DUE TO O	r as a consequ									
1		nditions, if an					y Con	gestive	Heart Fail	ure a	and			
ı	go	ve rise to in	nmediate ling the	DUE TO O	r as a consequ	IENCE OF				Ser	osis			
١	uni	derlying caus	se last.	( 10)	K AS A CONSEQU	DEIVEE OF								
		RT 2. OTHER SIC	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	IDITION (	GIVEN IN	PART Ira		_
1	ō.													
1	CERTIFICATION 190'	DATE OF OPER	ATION	19b. CONDI	ITION FOR WHIC	H OPERATIO	WAS PERF	ORMED	20a AUTOPSY?			EFINDIN	GS USED OF DEATH?	
	E								YES NO		YES 🔽	CHUOLO	NO [	
1	21a.	ACCIDENT WAS U		216. TIME O	FINJURY M. MONTH [	NAV VEAD	21c. HOW I	NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 1	18, PART 1 OF	R PART 2)		
ı	OR C	CONTRIBUTING		TH HOUR A.		19								
1	WEDICAL STATE	INJURY OCCU	RRED	21e. PLACE	OF INJURY		21f LOCAT							_
١		ORK NOT	WHILE O	(AT HOME, STR	REET, FACTORY, OFFICE	, FARM, ETC.)	STREE		CITY OR TO	WN	COI	UNTY	STATE	
ı	220.	I certify that (	(this hospi	tal) ottended the	e deceased from	Sont	25	. 19 70	Sept.	27	, 19_7	9	hot (/i (we)	lost
ı	6 1	saw the decea	sed olive on	Sept.	27 19_	79 , an	d that in Imy	(our) opinion o	death occurred on the d	ote and h	nour and f	from the c	auses stated	1 1
ı	22b.	SIGNATU	7	D	$\cap$	Ī	DEGREE				2	2c. DATE S	IGNED	
		1	150	~ >	) [	-		PHYSICIAN	MEDICAL STA			Sept.	. 28 1	1979
	22d.	PHYSIC IN 5 N	VAME (TYPE OF	R PRINT)	11:10:10		22e. ADDRE	SS						
		S	Steven	Bohan,	M.D.				val Medica	Cer	nter	Beth	esda N	1d.
I	(SPECIF	AL, CREMATION	, REMOVAL	23b. DATE	1			CREMATORY	23d. LOCATION	5	COUNT	Υ	STATE	
	Bui	rial		10-1-	79	Rosewo	od Men		Virginia	12			STATE	ì.
	NA	AL DIRECTOR	D .	F.,	ral Home	Doth	oda M	25000	TREG D2819999RAR	25b. REG.	ISTRAR'S	SIGNATU	RE	
- (	Doh	ort A	Pumphr	POV FILIPA	rai Home	DETILE	IVI. DUC:	J. I		1				

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direct should be detacked for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examined must be hartified at after

FILE 15 - 3-.-1 145

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requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

pretained by the haspital or attending physicion.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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•	7				

-	KEGISI							REG. №				
	DECEASED		oretta	Mc	obley	Fie	1de	20 DATE OF DEATH		DAY YEAR	26 HOUR	
-					70203			September	•		11:30	
3	SEX		Tris	4. RACE		5. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BI	MONTHS DAYS			
_	Fema.			Negro			5, 1940	39	YRS.			
75	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)				F WHAT COUNT	TRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		Y OF DEATH		
	S.C			USA		WIDOWE		Montgamery			M	
	O CITY OR TO			(IF NOT IN SU	UCH FACILITY, GIVE S	STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C FE) INDUSTRY	OF BUSINES	
16	Bethe			The Cl	inical (	Center,	NIH					
200	JSUAL RESIDI 30. STATE	NCE (IF NUR!	13b COUN	OTHER INSTITUTION	13c. CITY OR	BEFORE ADMISSION) TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
50	Maryl		Montg	pomery	Silver	Spring	YES X NO	614 Sligo	Avenu	e #309		
	,	RST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	5T	
50			loble				Pansy			Powe		
1	160. WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE WA					SECURITY NO.	17 INFORMANT			e as ab	ove	
	No				578-56	5-1608	Charles R.	Fields, nu	Spanu	4.5		
	18 CAU	SE OF DEAT	H Enter on	y one couse pr	er line for (o), (b	o), and (c).)				BETWEEN	ONSET AND D	
	PAR	I. DEATH W	VAS CAUSED	BY:	Liver	failure	, tumor replac	cement			- 5311	
	1/1	12	NAMAIE DIVIE									
	1 4	the part			OR AS A CONSE			W	0.00			
1		ons, if ony		(b)_	Atelect	asis, t	umor and infa	rct of uppe	r			
		rise to imr		I DUE TO	OR AS A CONSE	FOLIENICE OF						
	underly						es of lung					
	D. DT. O	-71150 010										
		OTHERSIG	VIFICANT	ONDITIONS C	ONIKIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR COM	1DITION GIV	/EN IN PART TO	01	
-	190 DAT	E OF OPERA	TION	19b CON	DITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120b. IF YE	S, WERE FINDIN	NGS USED	
	FIC								IN CERTIF	FYING CAUSES	OF DEATH	
-	E	INCLIT MAKE IIA	CERTAINS E	1 OIN TIME	OF INJURY		Tax. UOW/INITURY OCCUR	YES X NO		ES 🙀	ио 🗍	
		RIBUTING T	CAUSE OF DEAT		A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, F	PART 1 OR PART 2)		
-	(IF EITHE	R, NOTIFY MEDIC		in .	P.M.	19						
	(IF EITHE 21d. INJ	URY OCCUR		21e. PLACE	E OF INJURY		211 LOCATION	-				
	WHILE AT WORK	D NOT W	VHILE	(AT HOME, S	STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STA	
		AT WC	ORK	ti a tia a da d	.1 .1	rom 21 Au	ignist 10 79	1 Sent	ember	10 79		
	//0.1 ce	fify that was	(this nospire	1 Sent	he deceased tri	79 AU	nd that in XXXI (our) opinion				that A (w	
	suv	vii. X well	did I did XI	wenth bod	tember	19, or	nd that in (100) (our) opinion	death accurred on the o	lote and hou	ir and from the	couses stat	
	121.53	HATLE	0	0/0			DEGREE			22c. DATE	SIGNED	
	V	XILL	AL	61V	whom	2/2	ATTENDING PHYSICIAN	MEDICAL STA		9.14	70,	
-	22d PHY	SICIAN'S N	AME (TYPE OR	Tibees	000	-				1 11	(/	
2	1	2000	10	Rib	· actor	MAD	The C	Clinical Cer				
	1)	INIE	D.	mol	MISTEIN	1,10(1)	Institutes o	of Health, I	3ethes	da. Md	20014	
2	3a. BURIAL, C	REMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d ŁOCATION		COUNTY	STAT	
	Bur	ial		9-6-	-79	Arline	ton Nat.	Arling	ton	Va.	9161	
2	4. FUNERAL	DIRECTOR					25a DAT	E REC'D. BY REGISTRA	12. SERFEGIST	TRAR'S SIGNAT	TURE	
	Tohn	zon &	Jenk	ring	716 ADDRES	ennedy	St. N.WSEP	1 4 1979	linger	4/xclrus	socks.	
	OULILL	SUII O	Jenr	LINS	IO VE	enneuy	Dr. M. M.A.	TI IOIO	1 ' /	7	2	

DHMH - 16 50M 1/76 (VR A 15 (4))

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Johnson I Jeskins 716 kunnedy 3t. ...

executed within 24 haurs

certificate be

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician. FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE	OF DEATH	REG. NO	0.
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	FIORAMON	1		MONTH DAY YEAR 26. HOL
	ziata G.	Fiorimor			9 22 79 6:31
3. SEX	4 RACE	5. DATE OF BIRTH MONTH	DAY YEAR	AGE (IN YEARS LAST BIRTI	THDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
TEMALE	CAUC.	3 3:	5 93	86	YRS.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NI	EVER MARRIED - 9.	h 1	OR COUNTY OF DEATH
1 StAley	15A	WIDOWED	DIVORCED [	MONT GO	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		NOTITUTION 1	20 USUAL OCCUPATION HOMEMAKER	ION 12b. KIND OF BUSIN DF WORKING LIFE) INDUSTRY
OBSILVEY SPINING	Holy Cross	Hospital		HUMEMAKEK	
USUAL RESIDENCE (IF NURSING FOME OR 130. STATE 136 COUN			/	3e. STREET ADDRESS	rroll 1447
10 Ma MO	NT, SMAN	TANK TANK	THER'S MAIDEN NAME	4881 BATT	LEKY LANE
	NIDDLE LAST		FIRST	CLELTA	SIMEONS
MICHELE  160 WAS DECEASED EVER IN U.S. ARA	The state of the s	ORGI &	ORMANT C	SON ADDRE	
(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		XXXXXXXXXX	ROBERT FIC	
NO	5//-		**********	KUBEKI FIL	APPROXIMATE INTE
18 CAUSE OF DEATH (Enter onl PART ), DEATH WAS CAUSED	BY:	nonum of f	200		BETWEEN ONSET AN
PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING		LATED TO THE TERMIN	AL DISEASE OR CONI	DITION GIVEN IN PART 1(0)
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WH	HICH OPERATION WAS	PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO
210. ACCIDENT WAS UNDERLYING	THOUGH A ALL ALCOHUTE		OW INJURY OCCURRE		RY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEA:	P.M.	DAY TEAK			
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		CATION	CITY OR TOW	WN COUNTY S
220.1 certify that (1) (this haspit sow the deceased alive an	9-22		n (my) opinion de	to 9-22	ote and hour and from the causes st
obave, (N (we vidia) (did not	view the body ofter death.	DEGREE		200	22c. DATE SIGNED
Jane a	Litta M	10 PhD	ATTENDING PHYSICIAN	MEDICAL STAF	
LANCE A.	LIOTTA	The second secon	DDRESS 21 SONOMA R	d. BETHESD	M Md.
230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETER		123d. LOCATION	
(SPECIFY) BURIAL	9/25/79	FORT LINC		BRENTWOO	PRI GEO,
24. FUNERAL DIRECTOR FRANCIS		FORT LINC	COLN 250. DATE R	BRENTWOO	O PRI GEO, SI

W SILVER SPRING MD

DHMH-16 50M 7/77 (VR A 15 (4))

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	e o	mon	DIL
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	DR.	chec chec	Tel
	AL the	Al [leto	-
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page Amoy be •	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fun fifth the bage 3 should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 12 times of the other with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	X
	HO	FUr cld	5
2.	TO	Of sty	2
310	TO HOSPITAL OR ATTENDING PHYSICIAN: The I		
	BP.	-	

	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	SIEN 9 2 2	9 4 3			
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR			
	(TYPE	Cather	ine C.	Fitz batrick	9 3	079 12A M			
	3. SE	X 4 F	RACE . 5.	DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS			
	7	EMALE	Caucasian	6 17 15	64 YRS	ONTHS DAYS HOURS MIN.			
110		RTHPLACE (STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH			
71		WASHINGTON DC	U.S.A.	VIDOWED DIVORCED	MONTGOMERY	MD.			
7/		TAKOMA PARK	NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI WASHINGTON ADVE	NTIST HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)  SCHOOL TEACHET				
35	130. S MA	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b COUNTY MONTG	13c. CITY OR TOWN	RING YES X NO [	13e. STREET ADDRESS 10011 LORAIN A	<b>NVENUE</b>			
10	114 FA	ATHER'S NAME FIRST MIDD		15 MOTHER'S MAIDEN NA/	MIDDLE	LAST			
200	14- 14	<b>DENNIS</b> VAS DECEASED EVER IN U.S. ARMEI	DONOHUE  D FORCES? 1166 SOCIAL SECURIT	JANE Y NO. 17 INFORMANT	CAMPI				
		YES, NO OR UNKNOWN) (IF YES, GIVE WA	R OR DATES)		WARD FITZPATRICK	SANE AS 12			
		NO L	577-10-5		WARD FITZPAIRICK	SAME AS 13  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
,		PART I. DEATH WAS CAUSED B		Add to the second second		BETWEEN ONSET AND DEATH			
		IMMEDIATE C		WETASTASIS					
		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	the second secon	LON	Syears			
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENC						
in the state of th	NOI	PART 2 OTHER SIGNIFICANT CON		ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(0)			
a	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OP	eration was performed		WERE FINDINGS USED ING CAUSES OF DEATH?			
9	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	RT 1 OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	2	AT WORK NOT WHILE							
17.13		270.1 certify that (1) (this haspital) attended the deceased from 9/16, 19/4, 1a 9/4, 1a 19/4, that (1) (we) last saw the deceased alive an 9/2, and that (1) (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view he body after death.							
		22b. SIGNATURE	3	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	9/33/19			
1		22d. PHYSICIAN'S NAME (TYPE OR PRI	C BRACE	Meas Can	Rose Arm TAXON	Bray Mo.			
1	23a B	BURIAL, CREMATION, REMOVAL SPECIFY)	23t. NAA	ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	CRINTY STATE			
	04.5	BURTAL		E OF HEAVEN	SILVER SPRING	MONT MD			
	74. FU	NAME FRANCIS		n n	E REC'D. BY REGISTRAR 256. GISTA	y / The Lody			
		500 UNIV. BLVD.,	W., SILVER SPRING	3, MD. 20901	10,0				

DHMH - 16 50M 1/76 (VR A 15 (4))

TAKULA PARK PARK PARK PARTIET WENTEST POSPITAL SERVEL TEACHER

SANCEL PARK ALBERT W. WENTEST POSPITAL SERVEL TEACHER

SANCIAM NONTOWER STARTS SPRING X 10011 LOSAL ALBERT

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E 16/9/10 CATE OR MEANITH OFFICE SATURE TO CONTROL TO C

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STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 17 (VR A15 ME (5)) 15M 7/76

FOR - STATE

Sept. 14 Recoleta Cemetery

Asucion,

Paraguay

STATE

2d. HOUR

Private

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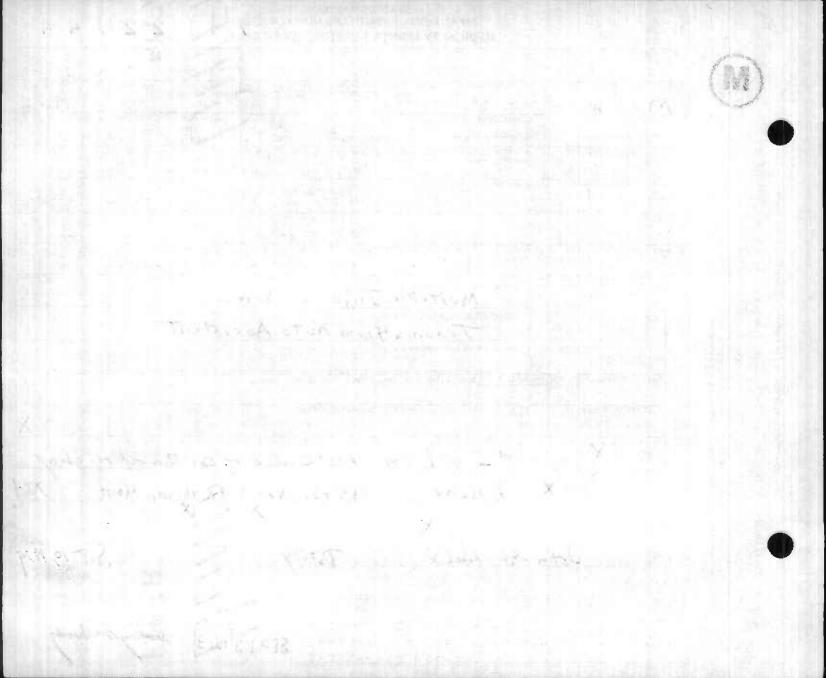
20706

BETWEEN ONSET AND DEATH

20 AUTOPSY?

YES 🗌

24. FUNERAL DIRECTOR 472 N. Washingtonsp Funeral Home Falls Church, Va



(VR A15 ME (5)) 15M 7/76

Ave., S.S.

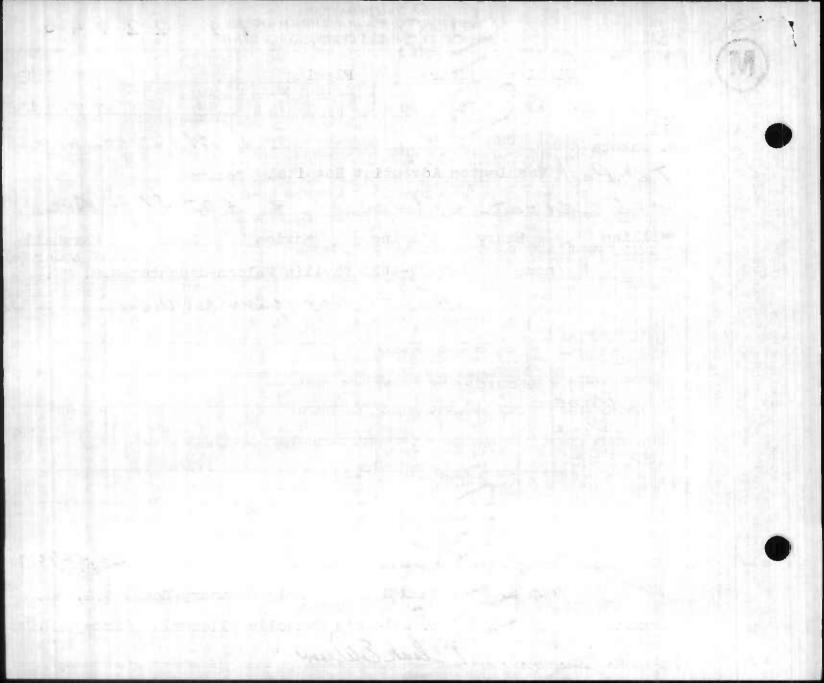
FOR STATE

	STATE	OF MARYLAND	
<b>FPARTMENT</b>	OF HE	ALTH AND MENT	r

DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2 2 9

	REGISTA								G. NO.		
	DECE ASED		FIRST	MIDDLE		LAST		20. DATE KNOW OF ESTI-	MONTH ON	DAY YEAR	2b. HOUR
	(Tire On This.		Willia	m Henr	V	Flemi	nø	DEATH MATE		27 70	7.430
3	SEX	4. RAC	E 5. DA	TE OF BIRTH	6. AGE (IN YEA	RS IF UNDER 1 YR. I	IF UNDER 24 HRS.		MONTH	DAY YEAR	R 2d HOUR
		- 1	MON 9	9 1889		Y) MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	0	02 20	112-
7	- CONTRACTOR AS	- U		TIZEN OF WHAT COUN		1		9. BALTIMORE C	TY OF COUN	27 79 TY OF DEATH	7:43a
3	Eller	dale	70. C.		TRY?	MARRIED MEVI		7. DALLIMONS	, OK COO	IT OF DEATH.	
	N Da	kota		USA		WIDOWED	DIVORCED	MO	209	Om By	MD.
10	D CITY OR TO	WH OF DE		AME OF HOSPITAL, NUF		OR OTHER INSTITUTI	ION 120. US	SUAL OCCUPATION		12b. KIND OF E OR INDUS	BUSINESS
	10	K/J		hington A		ist Hosp:		Retired			716.1
U	SUAL RESID	NCE (IF IN NU	JRSING HOME OR OTHER	INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSIO	N)		HOLD THE STATE OF			
13	Bo. STATE	1	136. COUNTY	-1 130 CHY	OR TOWN	13d. INSIDE CIT	Y LIMITS? 13e. ST	REET ADDRESS	5/10	1.	
-	1. FATHER'S	CALLANE NAME	1110	NO.	1.0	6	R'S MAIDEN NAM	000	1	CAN	
1	CID CT		MIDDI	LE I	LAST	FIR	ST	MIDDLE		LAST	
	Will				lemin		arion	Lam		Mars	hall
10	6a. WAS DEC		IN U.S. ARMED FO		IAL SECURITY	NO. 17. INFORM.	ANT	ADD	DRESS 10:	109 Le	der Rd
1	no		none		-20-46	23 Phy11	is Falc	rao-daug			
F	18 CA	USE OF DEA		cause per line for (a), (b)				4		APPROXIMA	ATE INTERVAL SET AND DEATH
	PA	RT I DEATH W	VAS CAUSED BY:	D	2 11 +	E MAY		1.: 1	D. 1	BETWEEN ON.	SET AND DEATH
1	Co	nditions, if	any, which	DUE TO, OR AS A CON	ISEQUENCE C	OF .					
1	go	ve rise to	immediate	(b)							
		use (a) stating ng cause last.		DUE TO, OR AS A CON	ISEQUENCE C	)F		1			
	-	19 00000	(	(c)							
	PART 2 0	THER SIGNIFICAN	NT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TEO TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 1 (a).	1,			
	Z	1/1	ma								
1	19a. D.A	TE OF OPER	ATION	19b. CONDITION FOR	WHICH OPERA	ATION WAS PERFORM	AED?			20. AUTOPS	Y?
	SF.	1	in a							YES 🗍	NO NO
1	19a. D.A. 21a. EX	TERNAL CAU	SE WAS	21b. TIME OF INJURY		21c. HOW INJURY O	OCCUPPED LENTER	NATURE OF INJURY IN IT	TEAL IS PART I OR PA		NOLSO
		LYING	OR	HOUR A.M. MONTH	DAY YEAR	THE HOW INSORT	OCCORNED (	THE OF THE O	EM TO LANT T G	-K1 Z1	
1	CONTI	IBUTING [	CAUSE OF DEATH		19			11 5			
	CONTI 21d. IN.	URY OCCUR	RED	21e. PLACE OF INJURY STREET, FACTORY, FARM, ET		21f. LOCATION STREET		CITY OR TOWN	CO	UNTY	STATE
	AT WO	ORK OCCOR	VORK					4117 9711			
	-						DE				
	770	certify that		e remoins described aba		Autopsy	Inspection .	Inquiry	ond in my a	pinian	
	death	resulted from	m: Natural caus	ses Accident	L, Sui	cide 🔲 Homici	de Unde	etermined monner	,		
	(critical)	/	70	0/1		TITLE (SP	,		0.75	1 10	'A
1	SIGNA		fly,	100	sec	2 M.D. 02 C	A ME	DICALEXAMINER	SIGN	be-pt2	11979
		//		0			V			0 , 1	
1	MALE C	R PRINT	John	S. Rogers	. DME	ADDRESS_	1919 Se	minary	Poad	C C 1	V-2
2	3n BURIAL C	REMATION.	REMOVAL 236. DA	TF 23c N	NAME OF CEN	ETERY XXXXX	X/ 23d. L	OCATION	MVWW.		
I		ial	10-	3-1979 St			Cit	YORTOWN	10 04	alson	N. Dak
2			110-	2-19/9 SC	neı		50. DATE REC'D.	SY REGISTRAR 25b.	RECOUNTRAGE.	SIGNEMENTS.	N. Dak
1	Warn	er E.	Pumphr	ey Apore Inc.	Venh	511	OCT	3 1979	propos	ymou	and a
10 4	0121	Ca A	ve. S.	S. Md /	were	OWNER	, , ,		/		/



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FOR

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injury, or other troumotic event, the

should be detoched for use as the burial-tronsit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

MPORTANT: If Nem 21 is marked or Item 18 shows any

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

MD

l	- STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	0.		1	- 4	
	DECEASED NAME FRST	Pau1	ine	1-18-	oh e R	2ª DATE O	4	MONTH	16	YEAR 79	21 HO	
3	SEX	4 RACE		5 DATE C		& AGE (INY	EARS LAST BIRT	HDAY)	IF UND	RIYEAR	IF UNDE	ER 24 HRS
Г	Female	Cauca	sian	Sep	t. 16 1910	69		YRS.	MONTHS	QAYS	HOURS	MIN
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1.	_	9 BALTIMO	ORE CITY O			ATH		
L	Pennsylvania	U.S.A		WIDOWE	the same of the sa	Mor	14901	MERL	1 C	Dun	tel	M
1	3E4hesda	Subul	LOAN	APDRESS)	OS + A	(TYPE OF WOR	OCCUPATI RK FOR MOST O IE Mak	F WORKING		KIND C DUSTRY HO1		IESS OR
113	SUAL RESIDENCE (IF NURSING HOME OR BE. STATE 13b COLIN Maryland Mont		13c. CITY OR TOW	N.	134 INSIDE CITY LIMITS? YES 🔼 NO 🗌	930	ADDRESS Ce	dar	Lan	е		
14	FATHER'S NAME EIMET	MIDDLE H.	Marti	n	15. MOTHER'S MAIDEN NAME FIRST MY TA	ME	MIDDLE		20	H	ess	
16	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN)   1 IF YES, GIVE	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE	SS				
L	No		201 10	1/68	William Fl	etche	r s	ame	as :	ite	n 1:	3
	Conditions, if any, which gove rise to immediate couse 10), stolling the underlying couse lost.	DUE TO, O		CA	RDIAC ARI	REST		S		3	O n	7
3	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEAS	E OR CON	DITION G	IVEN IN	PART 10	o '	
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	OPSY?	IN CERT	ES, WERI FIFYING ( YES []			ATH?
	OR CONTRIBUTING CAUSE OF DE	TH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCURE	RED JENTERNA	ATURE OF INJUR	RY IN ITEM 18	B, PART I OR	PART 2}		
2000	(IF ETTHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATIÓN STREET		CITY OR TOW	vn	COL	YTAI		STATE
	220 I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did in	9	15 197		id that in (my) (aux) apinion	death occurre	ed on the do	76 ate and ho	. 19— our and f			<del>(مید)</del> lost toted
	22h SIGNATURE	4 90	ggers g	2. h	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	FF IAN 🗌	27	9/1	SIGNED	79
	FRANK Y.	JACCE	RS JR.	MD	6000 Exe	cuties	Ble	rd 7	Pos	kil	108-	57

230 BURIAL, CREMATION, REMOVAL

HOMES

NAME

23b. DATE

Maryland

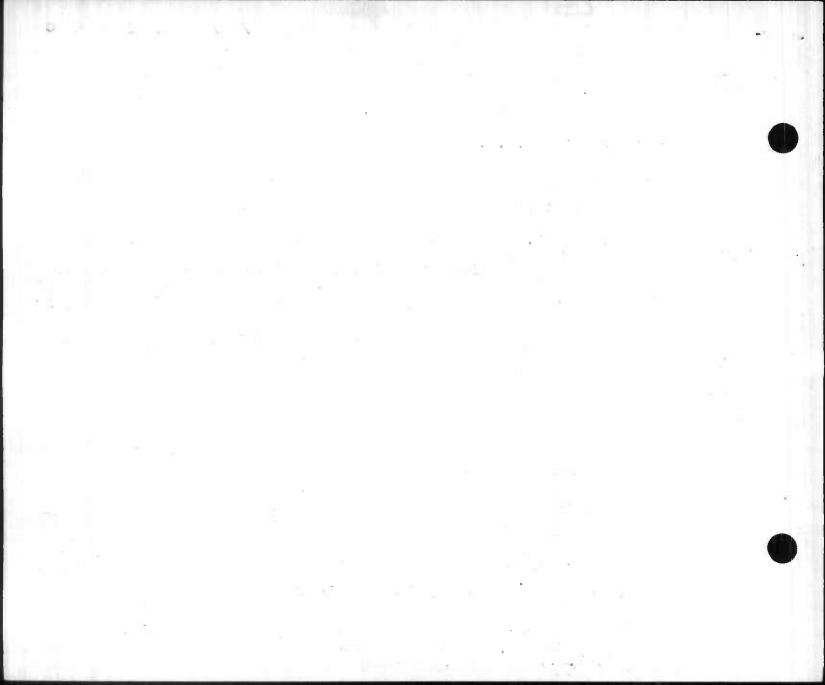
DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR:

Burial 9/19/79 24 FUNERAL DIRECTOR ROBERT P.A., I

A. PUMPHREY FUNERAL BETHESDA, MARYLAND

Parklawn Memeoria Rockvill e



# lifled in by the tould be filled wit Pages 1 and 2 sh

FOR - STATE DECISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			REG. NO.							
1. DECEASED NAME FIR	RST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR						
	orrest Allnutt	Fraley	September 28,	1979 6:30AM						
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS						
Male	White	Dec. 17, 1917	61 YRS	MONTHS DAYS HOURS MIN.						
76. BIRTHPLACE (STATE OR FOREIG		* MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH						
Md.	USA	WIDOWED DIVORCED	Montgomery	MD						
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (Type of work for most of working L Purchasing Age)	126 KIND OF BUSINESS OR						
Olney	Montgomery Ge	neral Hospital	Purchasing Age	at Agricultural						
USUAL RESIDENCE (IF NURSING + 136 STATE 136	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO COUNTY 130 CITY OR TO		13e STREET ADDRESS							
Maryland		nersburges 🗷 NO 🗆	9 Peony Dri	ve						
14 FATHER'S NAME	- MIDDLE TO TOTAL LAST	15 MOTHER'S MAIDEN N		LAST						
Ernest 1	Lee MIDDLE Fraley LAST	Daisy	Belle Alln	utt						
160 WAS DECEASED EVER IN L	J.S. ARMED FORCES? 16b SOCIAL SEC YES, GIVE WAR OR DATES)		ADDRESS	10						
	WWII 577-20-	-6765 Jane M. F:	raley Same as #	13						
18 CAUSE OF DEATH (E	nter anly ane cause per line for (a), (b), a	indicino a D		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS	AEDIATE CAUSE 101 Miles	mel landers	Openhae.	12 hours						
2001	DUE TO, OR AS A CONSEQU	HENCE OF A								
Conditions, if any, wh	The state of the s	uneapperou	9	Pr such						
	gove rise to immediate cause (a), stoting the DUE TO DUAS A CONSTITUTE OF									
PART 2 OTHER SIGNIFIC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ON CONDITION GIVEN IN PART TION									
NO	TO DESCRIPTION OF THE PROPERTY									
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		TOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
E E				ES NO						
21a, ACCIDENT WAS UNDERLY	- 110110 4 11 11011711		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)						
OR CONTRIBUTING CAUS	OFDEATH	JAY TEAR								
OR CONTRIBUTING CAUS  (IF EITHER, NOTIFY MEDICAL EX  21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE						
WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, EIC.)	CITYOKTOWN	COUNTY						
220.1 certify that (1) This	hospital) attended the deceased from	9130 1979		19 that we lost						
spw the deceased a	live pn	, and that in (my (DUT) DPINID	n depth accurred on the date and ho	ur and from the couses stoted						
22b. SIGH ATURE	ard nati view the bady piter death.	DEGREE		22c. DATE SIGNED						
12. VA	Wender	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/28/79						
22d. PHYSICIAN NAME	(TYPE OR PRINT)	22e ADDRESS	E awrelow E Lillacian E	11100111						
John Lodn	nell M.D.	18111 Prin	ce Philip Drive,	Olney, Md. 20832						
23a. BURIAL, CREMATION, REM		NAME OF CEMETERY OR CREMATORY								
(SPECIFY)	0 + 1 1070	T 17 o	CITY OR TOWN	COUNTY MOTE						

Laytonsville

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic events

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending in should be detached for use as the burial-transit permit. Then please remaye carboniwith the State Dept of Health and Mental Hygiene prior to burial, cremation, ar rem

OR ATTENDING PHYSICIAN: The or offending physician.

retained by the haspital TO HOSPITAL

> 24. FUNERAL DIRECTOR Framcis H. Barber Laytonsvelle, Md. 20760

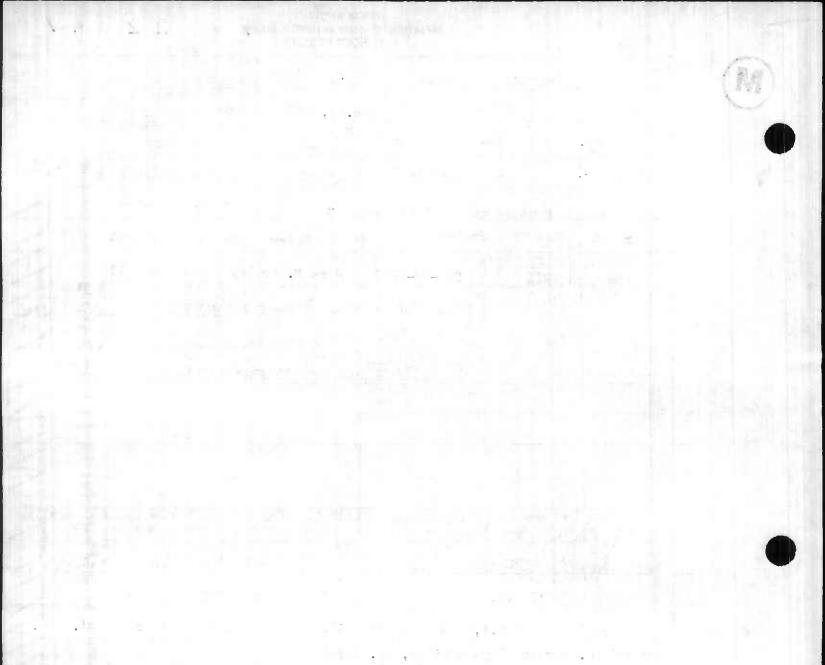
Burial

Oct.1,1979

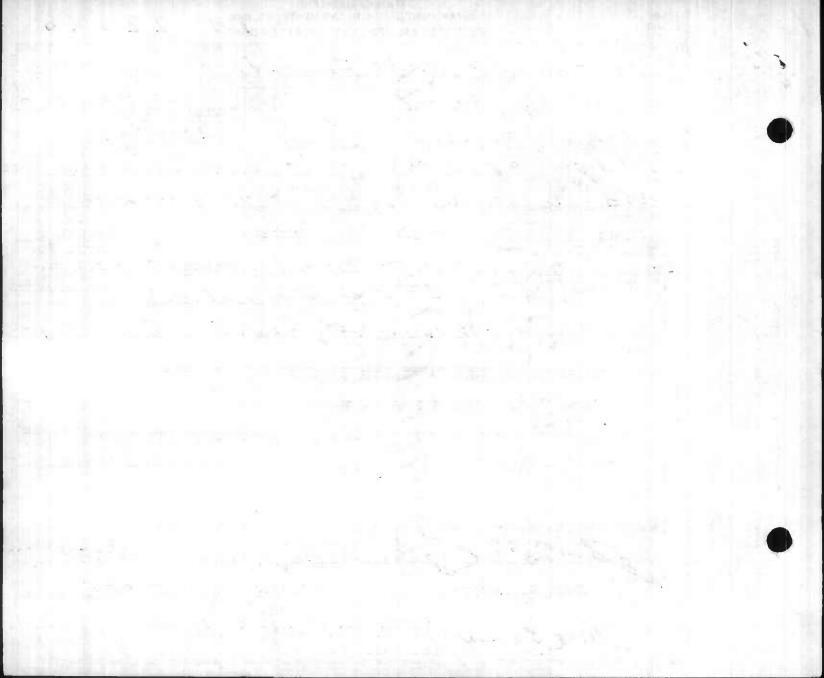
Laytonsville County Mont.

Md.

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE OCT 0 3 1979



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) ESTI-OF DEATH MATED 4 RACE 3. SEX DATE NOUNCED DEAD (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED Maryland omer 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTR'Hard
Wast Ware (IF NOT IN SUCH FACILITY, GIVE STREET ANDRESS) Rudolph 38 USUAL RESIDENCE (IF IN ORSUS HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 136. COUNTY 136. CITY OR TOWNS 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES \_ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PA MIDDLE MIDDLE AND Hatcher W. French Barbara James 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? IAH SOCIAL SECURITY NO 7. INFORMANT Monroe St. DIVISION (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES Sil. Spr., Md. WW II **5**78-01-7963 Dorothy 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL. lying cause last. AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDIC/ CERTIFICATION USED 19a, DATE OF DE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 90 TO BURIAL, YES 🗆 E DEPARTMENT ( BE 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY If. LOCATION (AT HOME, STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK STATE ( 21201 Inspection 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian DIRECTOR death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUNDER THE CONTROL TO FUNERAL DAFTER DEATH, NATIONAL MARKET MAR SIGNATUR MINER'S NAME ADDRESS Silver Spring. Maryland TYPE OR PRINT) John 23c. NAME OF CEMETERY OF CREMATORY Fed 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY STATE of Burial efferson Chai Erederick Md Ave. **DHMH-17** (VR A15 ME (5)) Inc.Sil. Spr., Md. Pumphrey, 30M 7/73



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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral disshauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hai with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital ar attending physicion.

deoth. Poge 4 moy be

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEND

REGISTRAR			CERTIF	CATE OF DEATH	REG. N	0			
I DECEASED NAME	FIRST	WIDDLE	ı	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	
(TYPE OR PRINT)	Brit	Elizabeth	Fl	JLLER	Septembe	r 24	1979	710P	
3. SEX		4 RACE	5 DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	F UNDER 1 YEAR	IF UNDER 24	
Female	9	Caucasian	Febi	uary 17 1910	69	YRS	ONTHS DAYS	HOURS	
TO BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y2 8	XX NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
Sweden		USA	WIDOWE		Montgome	rv			
Bethesda	OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR National Naval	EET ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewife	ION		OF BUSINESS	
Mary land	13b COU		Spring		13e STREET ADDRESS 12625 Ea	stbourn	ne Dri	ve	
14 FATHER'S NAME	Jalmar Hmar	Wennergr	en	15. MOTHER'S MAIDEN NA	stina MIDDLE		Johns	st On	
160 WAS DECEASED		/E WAR OR DATES)		17 INFORMANT	ADDR	ESS			
(AEZ NO OK NHKHO.		- 319 01	0152	Nathan R. Fu	ller See it	em 13			
18 CAUSE OF	DEATH Enter o	nly one couse per line for iot, (b).	and (c)		1		BETWEEN	ONSET AND DE	
PART 2 OTHE		CONDITIONS CONTRIBUTING T		20b. IF YES, IN CERTIFY	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?				
21a ACCIDENT	VAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	YESXX NO		XX	NO 🗌	
OR CONTRIBUTION	IG CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	211 LOCATION	CRED (ENTER NATURE OF INJU	KT IN HEM 18, PAK	TTORPART2)		
AT WORK	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TO		COUNTY	STATE	
sow the a	eceased alive or	step 1 24 19 19 19 19 19 19 19 19 19 19 19 19 19		Sept 249 79 d that in (my) (our) opinion		ote and hour a		that (y (we)	
27b. SIGNA	Stal	B		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA		Sept.		
U	J. Stept	nen BOHAN, M.D.		22e ADDRESS National Nav		Center.	Beth	esda.M	
230. BURIAL, CREMA				METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE	
Buria		9-28-79 A	rlingto	n National	Arlingt		Ingtor	n Va.	
24. FUNERAL DIRECT	OR	ADDRESS	Raini		TE REC'D. BY REGISTRAR	25h. 8 - 45 FL	ARIS STANA	NRE.	
Nalley's	Funera			Maryland SE	127 1979	1	7	7	

DHMH - 16 50M 1/76 (VR A 15 (4))

Nalley's Funeral Home

A PART OF THE RESIDENCE 

campletely filted in by the funeral directa is 1 and 2 shauld be filed within 72 haurs al

carbanpapers. Pages 1

and

certificate be

MPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the medical exam

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician shauld be detached far use as the burial-transit permit. Then please remove cark with the State Dept. af Health and Mental Hygiene priar ta bunal, crematian, ar

PHYSICIAN: The law

retained by the haspital ar attending physician OR ATTENDING

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

4

ı	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		
Ì	1. DECEASED NAME	FIRST	MIDDLE		AST	2a DATE OF D	EATH MONTH	DAY YEAR	2b HOUR
1	(TYPE OR PRINT)	Rose	MT	G	alley	Sept.	13. 19	79	6:45P <sub>M</sub>
'n	3 SEX	4 RACE	WIL	5 DATE C		6 AGE (IN YEARS		IF UNDER I YEAR	IF UNDER 24 HRS
1	Female	Cauc	asian	Apri		7 72	YRS	MONTHS DAYS	HOURS MIN
j	To BIRTHPLACE ISTATE OR FO	REIGN 76. CITIZEN O	WHAT COUNTRY?	В	- D VEVED WARRIED I	9 BALTIMORE	CITY OR COUN		
4	Nebraska	U	. S. A.	WIDOWE	D NEVER MARRIED (		gomery	County	J MD
1	10 CITY OR TOWN OF DEA			G HOME C	OR OTHER INSTITUTION	12a USUAL OC			OF BUSINESS OR
	Wheaton	Rando		s Nu	rsing Home	Home	maker		Home
1		136 COUNTY	13c CITY OR TOW	N_	134 INSIDE CITY LIMITS				
1	Maryland	Montg.	Silver	Sp.	YES X NO	4314	Garrett	t Park	Road
	14. FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN		MIDDLE	LA	AST
4	Christ		underlic	h	Rosa			Lar	
1	160 WAS DECEASED EVER	N U.S. ARMED FORCES	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADD 1 4207	7 Grand	1 Pre Ro
ı	No No	(IF TES, GIVE WAR OR DATES)	506-09-	3595	Kathryn A	A. Mayor			
ľ	18 CAUSE OF DEATH	(Enter only one couse p	er line for (a) (b) and	110					XIMATE INTERVAL
1	PART I. DEATH W.		Carro	7	The Clon	77	V	20	
ł	1500	IMMEDIATE CAUSE (0)_	ange	-14	Car Clegary	ang you	amon	-13	
ı	1227	DUE TO,	or as a conseque	NCE OF					
1	Conditions, if any,								
1	couse (a), stating	the DUE TO.	OR AS A CONSEQUE	NCE OF					
١	underlying couse	lost (c)							
ı		IFICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE C	R CONDITION G	IVEN IN PART 1	O.
1	O								
1	M 190 DATE OF OPERAT	ION 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		ES, WERE FINDI	
1	190 DATE OF OPERAT					YES 🗆 N	ì	YES [	NO []
1	210. ACCIDENT WAS UND		OF INJURY	VEAD	21¢ HOW INJURY OCC	URRED (ENTER NATUR	E OF INJURY IN ITEM 1E	B, PART 1 OR PART 2)	
1	OR CONTRIBUTING C	AUSE OF DEATH	a.m. month da p.m.	19					
ı	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURR		E OF INJURY	17	21f LOCATION			14	
1	WHILE NOT WH	ILE	TREET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CI	TY OR TOWN	COUNTY	STATE
I	22a.1 certify that (1)	(this hospital) offended	the deceased from_	1-	13 19	18 to 9	- 13	19 79	, that (I) (we) last
I	saw the decease	d alive on	5 19	19_0	nd that in (my) (our) apini	ion death occurred o	on the date and hi	our and from the	e couses stated
1	17h SKSNATURE	dia non view me boo	ly offer deoffi.		DEGREE			22c DATI	E SIGNED
1	1//	Gara 1	)		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	9-1	379
1	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	-		22e ADDRESS	DIRECTOR	T. T. SICIAIT		
	Morris	Perry, M.	D.		11602 Ge	orgia Av	e. Sil	ver Sp:	ring, MD
-1		/ 9			TIOO- GO.	9 111			0,

DHMH - 16 50M 1/76

TO HOSPITAL

(VR A 15 (4))

ROBERT PUMPHREY FUNERAL A. HOMES. P. A., Bethesda, Maryland

23b. DATE 9-17-79

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Parklawn Mem. Park ROCKVille, Maryland State

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter death. Page 4-may be

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and campletely Illied in by the funeral dii should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be Illed — thim 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examination

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 2

1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	2 2 9 5 1
	CEASED NAME FIRST OR PRINT)	MIDDLE	Garrell	A DATE OF DEATH	9 22 79 26. HOUR 36/
3 SE)	Female	RACEY QU.	S DATE OF BIRTH MONTH DAY YEAR  A 7 8 6		YRS. MONTHS DAYS HOURS MIN.
G	Legbery Co.Pa	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	1 Montgor	nery County IND.
ya	ITY OR JOWN OF BEATH 17 ITH C13 Deing, MG	P, Herman Wilson	on Health Care Co	(TYPE OF WORK FOR MOST OF	
13a. S	STATE (36 COUNT	8. LIASHIO	I 13d. INSIDE CITY LIMIT	1789 2901	er Place, n, W.
		omos Bari ED FORCES? 166 SOCIAL SECU	ROTT Emi	middle ma	ALTON
(1		VAR OR DATES)	-527 Mildred G	arrett Sam	APPROXIMATE INTERVAL
NO	PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	eal myslones	TERMINAL DISEASE OR COND	1979
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap \text{NO} \( \bigcap \)
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR  19 211 LOCATION	CURRED (ENTER NATURE OF INJURY	
	22a.1 certify that (I) (this hospite sow the deceased alive an above, (I) (we) (did) (did not) 22b. SIGNATURE	9//3/79 19 view the body ofter death.	Ond that in (my) (our) opi  DEGREE  ATTENDIT  PHYSICIA  120 ADDRESS		
23n	BURIAL, CREMATION, REMOVAL	ZEKATOUL 124 DATE	MAN 74 ST C	ORY 123d LOCATION	Kelisa
Re	specify) emoval uneral director	1979, Ge	eorge Washington Medical School	Washingto	on, D.C.  Sh. REG STAR'S SIGNATURE
CA	APPTOL FUNE	EAL SERVICE	EVA	OLF & 0 10/3	moray sources

DHMH - 16 25M (VR A 15 (4) ) 9/74

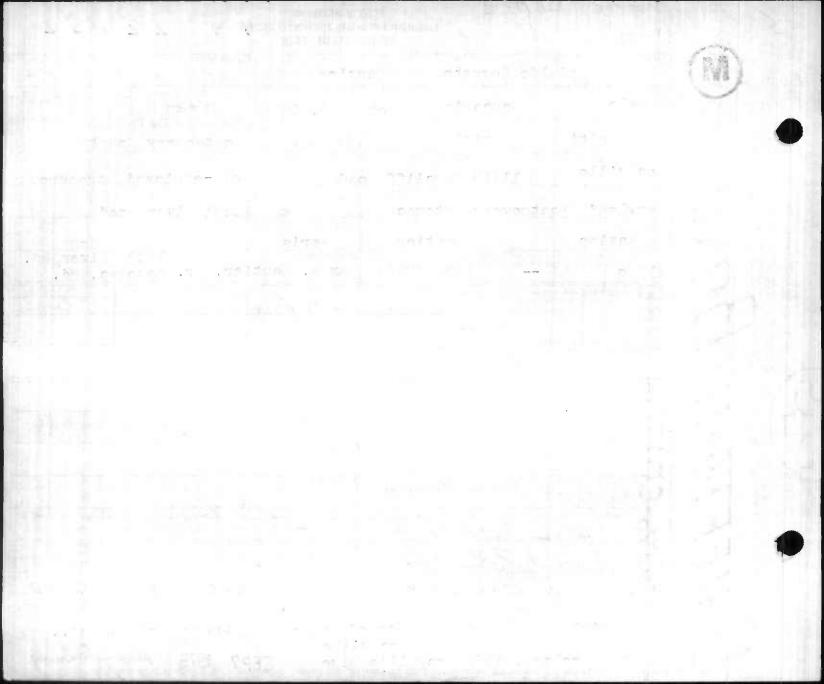
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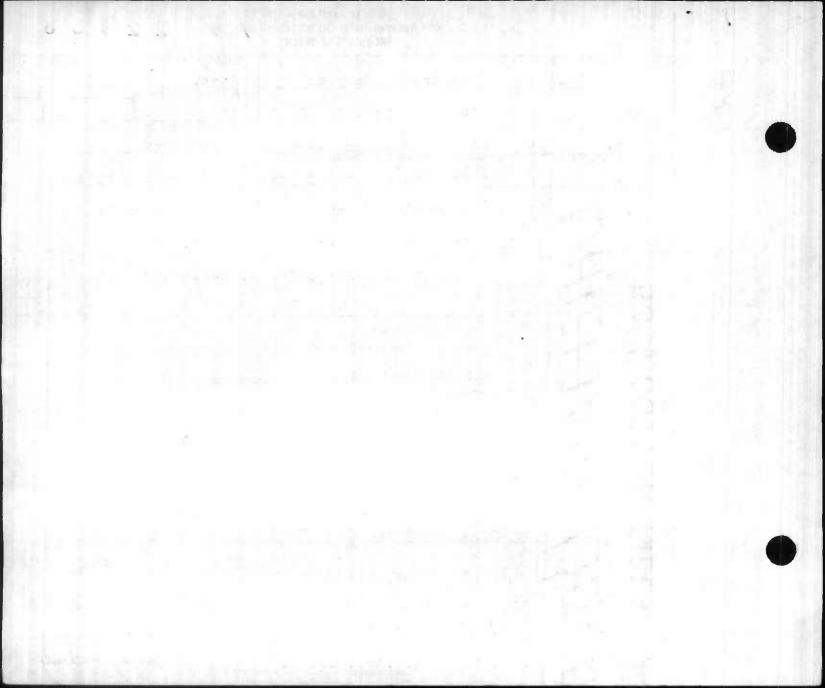
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4	1.	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG, NO.	9 5 2
M)		CEMPED LAWINE	o Augusto	Gautier	SEPT. I P	979 8A N
7	3. SE	x Male	Caucasian	Feb 23, 1896		UNDER I YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN
w96		IRTHPLACE ISTATE OR FOREIGN OUNTRY) Haiti	76. CITIZEN OF WHAT COUNTRY? Haiti	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery Co	
Ochified		CKVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)  The Road	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Self—employed	126. KIND OF BUSINESS OR INDUSTRY  transport
Ominer must be	130.	STATE 13b. COU	gomery Potoma	13d INSIDE CITY LIMITS? YES NO TO  15 MOTHER'S MAIDEN NA FIRST	lise street address 12201 River Ro	
medicoles		WAS DECEASED EVER IN U.S. AF	Gautie:  Gautie:  6. Social secu- 6. Social se	RITY NO. 17. INFORMANT	ADDRES 2201 tier, Sr. Potom	River Rd.
sist permit, then please remove corba giene prior to burial, cremation, or re shows ony injury, or other troumatic e	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	iply CVA's u		Darahas Izob IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
olth and Mental Hygis marked or Item 18 sho	MEDICAL CER	21d, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (FETHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	ATH HOUR A.M. MONTH DA	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PART)  CITY OR TOWN	COUNTY STATE
should be detached far use o with the Stote Dept. of Health IMPORTANT: If them 21 is mo		220 I certify that (I) (this hasp sow the deceased alive or	BT) view the 66dy ofter deoth.  Colline My  REPRINT)	DEGREE  ATTENDING PHYSICIAN DESCRIPTION OF THE PHYSICIAN DESCRIPTION DESCRIPTI	MEDICAL STAFF DIRECTOR PHYSICIAN BETA	22. DATE SIGNED
2	- (	BURIAL, CREMATION, REMOVAL SPECIFY Burial UNERAL DIRECTOR	9/4/79 Ga	NAME OF CEMETERY OR CREMATORY ate of Heaven RockvilleMD 250 DAT	23d LOCATION CITY OF TOWN SILVEY Spring TE REC'D. BY REGISTRAR 25b. REGISTRAR	OUNTY STATE MD
M 1/73 (4))		MAAAE	, 1331 Rocky		FP7 1979 hink	my Mc Crody



		1-	FOR STATE REGISTRAR		DEPARTA	CERTIF	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENY 9	2 2	9 5	3
			CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR A
y be			Lilli	an	Langtry	G	eoghan	Sept.	/	1979	7:50 m
6		3 SEX		4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	HOURS MIN
ge 4			emale	Wh	ite	Oct		67	YRS.		
eoth. Po nerol in 72 at onc	58	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) Mass.	76. CITIZEN OF	what country?	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	_	OF DEATH	MD.
s ofter of by the full iled with	0		S.S.	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	ursing Home	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK	F WORKING LIFE)		BUSINESS OR
filled in ould be f	35	13a. S	.737	OR OTHER INSTITUTION		admission) N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 6341 Lan	dover		
mpletely ond 2 sh	60		THER'S NAME FIRST A M e S	MIDDLE J.	Langtry		15. MOTHER'S MAIDEN NA FIRST Anne	WE	Conne	LAST	
nd co ges 1	=>		(AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT 8312	Nichol's	₩ St.	New(Da	ughter
Pog.	×	(,	No	TE TIAN ON ONICO,	578 32	1501	Jacquelyn	A. Hammon	d Car	rollto	on, Md.
sicio sicio pers ol.			18. CAUSE OF DEATH (Enter of PART ). DEATH WAS CAUS	only one couse pe	r line for (o), (b), one	l ic				APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
juires that the death c signed by the attending ten please remove cark a burial, cremation, or jury, or other troumation		Z	Conditions, if any, which gove rise to immediate cause look, storing the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, C	OR AS A CONSEQUE  OR AS A CONSEQUE  ONTRIBUTING TO S	NCE OF		MINAL DISEASE OR CON	DITION GIVE		Months
e low recon.  hos been permit. The prior the prior the was only in	2	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES O	
g physicio ertificate l ial-transit intol Hygie iem 18 sho	9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A	OF INJURY m. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR				
fter this one of the burner of		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY FREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOV	with the	COUNTY	STATE
CTOR: All for use of of Healt			220 I certify that (I) (this has sow the deceased alive a above (I) (did (did r	80.07	PM. 6 197	7 . 01	nd that in (my) (mer) opinion	death occurred on the de			
y the ho RAL DIRE detached fore Dept			22b. SIONATUIT	2				MEDICAL STAI DIRECTOR   PHYSIC		Sept	7 1919
etoined by 1 TO FUNERAL should be de with the Stote			Dr. R.B.				1161 New	Hayshire A	R Bill	ver Spri	2. Md.
BP		23a. B	URIAL, CREMATION, REMOVA PECIFY) Burial				emetery or crematory  livet	23d LOCATION CITY OR TOWN Washingt	on, D.	C.	STATE
H - 16 50M 1/76		24 FL	INERAL DIRECTOR		ADDRESS		250. DA1	E REC'D. BY REGISTRAR	256. REGISTR.	AR'S SIGNATU	
(VR A 15 (4))	M	H-	ines/Rinaldi	FH .		Η Δ 37	O S S MA CI	D 1 /1 14/4	Birt	ry McC	secolio 1



FOR - STATE

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within 24 hours ofter

executed

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requires that the

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	2	2	9	5	4

	REGISTRAR				CENTIL	ICATE OF DEATH	REG. N	NO.			
,,	DECEASED NAME	FIRST		WIDDLE	l	LAST	20. DATE OF DEATH		DAY	YEAR	26 HOUR
	TYPE OR PRINT)	Mary	По	len	Car	cald		9	15	79	340A
3	SEX	LIST. A	14 RACE	Tell	5. DATE C		6. AGE (IN YEARS LAST BE	RTHOAY)	IF UND	DER 1 YEAR	IF UNDER 24 HRS
		100 25 3		. The second	MONTH	H DAY YEAR	el.		MONTHS	OAYS	HOURS MIN.
70	Rema.		Whi.	WHAT COUNTRY?	10		9 BALTIMORE CITY	YRS		EATH	
7	COUNTRY)					NEVER MARRIED				LAIII	
	Louisian		US		WIDOWE	DR OTHER INSTITUTION	Monts			1411 ID 0	F BUSINESS O
90				CH FACILITY, GIVE STREET A		OR OTHER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING	LIFE) IN	DUSTRY	L BOSINESS OF
-	Rockvil			Bartlett		eet	C&P Tele	phone	Q OI	mpan	У
13	30. STATE	IF NURSING HOME O	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
	Maryland	Mont	gomery	Rockvil	le	YES 💢 NO 🗌	13400 Bar	rtlet	t S	tree	t
-1 14	FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME			· LAS	
5/	John		Ed	Perryman	a	Mittie	WILDOOL .		Ho:	llom	
1 160	WAS DECEASED		RMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	RESS			
	No.	VIN) (IF TES, GIV	E WAR OR DATES!	461 28	9718	William E.	Gerald S	Same	28	item	13 a-c
		DEATH (Enter o	nly one couse ne	r line for (a), (b), and		THE ME AND ADDRESS OF THE PARTY	4020420	Other			MATE INTERVAL DISET AND DEATH
	PART I. DE.	ATH WAS CAUSI	D BY:	Metas	1.1	T	Can a la			be ween	INSEL AND DEATH
	110	IMMEDIA	TE CAUSE (o)	//	·ucu	ic scory c			-	,,,,,	ny ny
	160	7	DUE TO, O	R AS A CONSEQUE	NCE OF						
		f ony, which o immediate	(b)								
-	couse (o),		DUE TO, O	R AS A CONSEQUE	NCE OF						
			(c)								
2		RSIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	ADITION (	SIVEN IN	PART 1(c	) )
2 NOTA STATIST	9						Vac	Tani Isi	150 14/55		
7 5	190 DATE OF C	PERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?				OF DEATH?
							YES NO	7	YES		NO 🗆
1 11	OR CONTRACTOR	VAS UNDERLYING [	21b. TIME C	OF INJURY .M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	URY IN ITEM 1	8, PART 1 O	R PART 2)	
7 3	(IF EITHER, NOTIF	Y MEDICAL EXAMINER	AIN .	м.	19	DIECES OF THE					
/ 10	214 INJURY O	CCURRED		OF INJURY REET, FACTORY, OFFICE, FA	DM ETC )	211 LOCATION STREET	CITY OR TO	wn	co	UNTY	STATE
/ July	≥ WHILE	NOT WHILE	(Al Home, Si	REET, FACTORT, OFFICE, FA	urrs, Erc.;						VINIE
7 Applicate	AT WORK	AT WORK				/	,				
MEDIC	AT WORK		tel) ottended th	ne deceased from	4	15 19 79	10_7/1	5	_, 19	79	that (1) (we) Jo
/	220.1 certify t	hot (I) (t <del>his hosp</del>	17/19		79.0	d that in (my) town opinion	death accurred on the c	dote and h	, 19		1.1
	220.1 certify t	hot (I) (this hosp leceosed alive or fixe) (aid) (did no	ot) view the body		,	nd that in (my) (and opinion of DEGREE	death occurred on the c	dote and h			couses stated
	220. I certify t sow the cobove, (I)	hot (I) (this hosp leceosed alive or fixe) (aid) (did no	ot) view the body		,	DEGREE ATTENDING	MEDICAL STA	AFF _		from the	couses stated
	22a I certify t sow the cobove, (1) 22b. SIGNATU	hot (I) (this hosp leceosed alive or fixe) (aid) (did no	bit view the body	ofter death.	,	DEGREE	129 7 3	AFF _		from the	couses stated
	22a I certify t sow the cobove, (1) 22b. SIGNATU	hat (I) (this hosp leceased alive or fixe) (aid) (did n	ot) view the body	ofter death.	,	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🗌	2	from the	couses stated
1	220-1 certify to sow the cobove, (1) 22b. SIGNATI  22d PHYSICIA  22d PHYSICIA	hot (I) (this hose leceosed alive or five) (old) (did no F	on wiew the body  PRINT)	ewman		DEGREE  ATTENDING PHYSICIAN D  1220 ADDRESS  5411 Ced	MEDICAL STA	AFF _	2	from the	couses stated
1	220.1 certify to sow the cobove, (1) 22b. SIGNATI  22d PHYSICIAL  State BURIAL, CREMA (SPECIFY)	hot (I) (the hose leceosed alive or fixe) (old) (did no FE	on wiew the body  PRINT)	ewman		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🗌	2	from the	
230	220.1 certify to sow the condown, (I) 22b. SIGNATI 22d PHYSICIAL STATES BURIAL, CREMA	hot (I) (the hose leceosed alive or fixe) (old) (did not fixe) (old)	DR PRINT)  23b. DATE  9-1	ewman  23c N  9-79 Mir	AME OF C	DEGREE  ATTENDING PHYSICIAN D  1220 ADDRESS  5411 Ced	MEDICAL STA DIRECTOR PHYSI	AFF ICIAN D	the	from the 12c. DATE 12c. DATE	SIGNED  MI  STATE  STATE  STATE

BP. DHMH-16 50M 7/77 (VR A 15 (4))

HOSPITAL

THE REPORT OF THE PROPERTY OF

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Bourge Finithmen 00	13	5.1.13		ro en En-
	100	251 45		
e El mortion soni (1)	and A late	And the second	5 500	- 0

nding physician and completely filled in by the funeral corbonpopers. Pages 1 and 2 should be filed within 72 h

TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon popers. P with the State Dept. af Heolth and Mental Hygiene prior to burial, cremation, ar removal.

ATTENDING PHYSICIAN: The law

TO HOSPITAL

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is morked ar Item 18 shaws ony

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

2

1 - STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	2 9 5 5
1. DECEASED NAME FRST (TYPE OR PRINT) MILDRED	F. GE	RMANN	20. DATE OF DEATH MONTH	5 79 1145 PM
3. SEX FEMALE 4 RAC	WHITE AP	1 1/1 -	6 AGE (IN YEARS LAST BIRTHDAY)  79  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
WASHINGTON D.C.	ZEN OF WHAT COUNTRY? 8 MARRI WIDOW	ED DIVORCED	9 BALTIMORE CITY OR COUNT MONTGONIE	ERY. MD.
TAKOMA TARK, WA		MIST HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	126 KIND OF BUSINESS OR INDUSTRY
	13c CITY OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 236 MANOR	CIRCLE.
14 FATHER'S NAME FIRST MIDDLE	HAGANN.	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
16a WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR		HORACE W. GE	RMANN. TAKE	
18 CAUSE OF DEATH Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	couse per line for (a), (b), and (c)	st		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	UE TO, OR AS A CONSEQUENCE OF	- 1	+ failure	unknava
gove rise to immediate couse (a), stating the underlying couse last.	UE TO, OR AS A CONSEQUENCE OF	- leny disease		UNKNOWN
PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1(0

19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		YES, WERE FIND RTIFYING CAUSE	
			YES NO	YES	NO 🗌
2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2]	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE

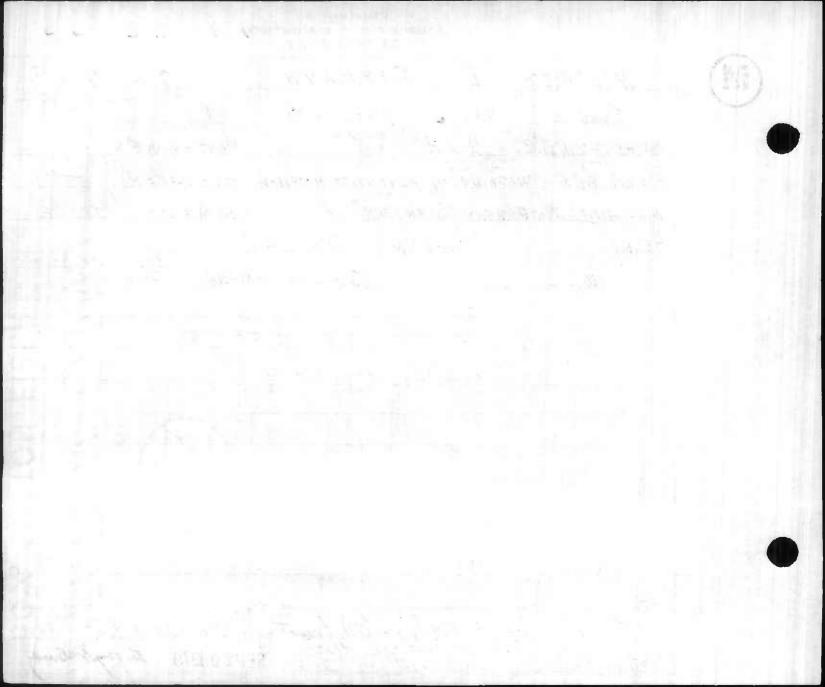
220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an 19 above (1) (the light (and not) view the body after death.	76	y (our) opinion death occurred on the date and ha	, 19 79 , that (I) (we) ur and from the causes stated
226 SIGNATURE ADMILES	DEGREE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	221. DATE SIGNED 9/16/79

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS

CEMETERY OF CREMATORY 230 BURIAL, GREMATION, REMOVAL 266. DATE 250. DAY REC'D, BY REGISTRAR ISB. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

SEP 2 0 1979



certificate be executed within 24 hours after

death

N	1	
1	X	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS

9

2 2 5 4

1 - STATE REGISTRAR	DEP .		FICATE OF DEATH	REG. N	<b>10</b> .	2 9
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDOLE		LAST	2a DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR
Foy	Wallace	GIBE	BARD	Septemb	er 18, 1979	9 7:04P M
3 SEX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		
Male	Caucasian	Apr	A 1-077 A	55	YRS MONTHS D	DAYS HOURS MIN
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8	DXX NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	Ή
Texas	USA	WIDOWI		Montgomer	У	MD.
Bethesda	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S National Nava	URSING HOME ( STREET ADDRESS)  Medica	or other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		ND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 CO Mary Land Pr	or other institution, give residence unity 130. City or Hyatt	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4525 Buch	anan Stree	†
14 FATHER'S NAME FIRST Henry (	G. Gibbar		Rosie		llingham	LAST
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YES, G	ARMED FORCES? 166 SOCIAL GIVE WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDR		
Yes		6 9534	Mrs. Foy W.	Gibbard S	ee item 13	<u> </u>
Conditions, if ony, which gove rise to immediate couse 10), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  T CONDITIONS CONTRIBUTING	TO DEATH BUT		NINAL DISEASE OR CON	NDITION GIVEN IN PAR 20b. IF YES, WERE FII IN CERTIFYING CAU	INDINGS USED
RILL				YES 🗶 NO	YES X	NO [
	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PAR	Τ 2)
OR CONTRIBUTING CAUSE OF E  (IF EITHER, NOTIFY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WH COUNTY	STATE
220.1 certify that y' (this has saw the deceased alive obbve, y) (we) (did) (his 22b. SIGNATURE	spital) attended the deceosed from Sept. 18 gog view the body after death.	19 /9	11 19.79  nd that in/my) (our) opinion of the tin/my) (our) opinion opin		date and hour and from	DATE SIGNED
THY THYSICIAN'S NAME ITTHE	EQUIPMENT)	US TURE	220 ADDRESS National Nav	MEDICAL STA		
23a. BURIAL, CREMATION, REMOVA	Crane, M.D.	23. NIAME OF C	EMETERY OR CREMATORY	23d LOCATION		inougu, ind
Burial	0 /00 /=0			CITY OR TOWN	COUNTY	Maryalnd
24 FUNERAL DIRECTOR	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ncoln Cemetan	RECO. W HO STAR	256 DEGISTRANGS	NATURE
Gasch's Funera	I Home	ľyattsvi	lle, Md.			7

DHMH - 16 50M 1/76 (VR A 15 (4))

pretained by the haspital or attending physician.

TTENDING PHYSICIAN: The

TO HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

1 = FFHH) = 1 Destroy to the progression and the first term of the first

			(TYPE	ORPRINT) Will	am	PAUL	9/1	ea son	9-19-	79		3 %
	(M)		3. SEX		4 RACE		MONTH	DF BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR	RTHOAY) IF U	THS DAYS	IF UNDER 24 H
4		L Tence.	7a. 81	MALE RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN C	DF WHAT COUP	MARCE NTRY? I MARRIE	14,1910	BALTIMORE CITY	OR COUNTY OF	DEATH	- 10
	Min 77	5		SHINGTON, D.	c u	I.S.A.	WIDOWE	D DNORCED	MON	topon	ner	4
.102	rs offire by the	O Triffed	1	pethes de	I IF NOT IN	SUCH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION  HISP	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SANITATION	OF WORTHING LIFE)	IZE KIND OF INDUSTRY OR	D.e.GO
ARYLAND 2120	filled in auld be	must be	13a. S		E OR OTHER INSTITUTION TY	ION, GIVE RESIDENCE 134 CITY OF WHEAT	RTOWN	131 INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 4012 AD	AMS DRIV	/E	
RYL	within letely f d 2 sho	miner		THER'S NAME	MIDDLE	LAS	ST .	15 MOTHER'S MAIDEN NA		4	LAST	r
*	ecuted of	300		PATRICK J	•	GLEAS		NETT1E			ω	ILBURN
BALTIMORE	o pud c	medical	160 W	(AS DECEASED EVER IN U.S. ES NO OR UNKNOWN) (IF YES,	ARMED FORCES GIVE WAR OR DATES		28-5679	17 INFORMANT	ADDR		10	4177
- E	s. Po	e e	14					LOUISE J. M	. GLEASUN	SAME AS		WIF
8 Y	certificate ng physica banpaper	event, th		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAI	JSED BY	per line for (01, 1	b, and ici.	Thromb	1 sic	-	BETWEENO	MATE INTERVAL
N ST		ic ev		11211 MMED	DIATE CAUSE (0),	CYY	7741	Intonti	0 373			wee.
PRESTON ST	death ottend ove ca rtan, a	raumoi		Conditions, if any, which		, OR AS A CON	SEQUENCE OF					
98	the d			gove rise to immediate couse (a), stating the	)	OR AS A CON	SEQUENCE OF					
×.	that t d by t ease r al, cre	other		underlying couse lost.	(6)	, OR AS A CON	SEQUENCE OF					
, 201	gned n ple burio	ry. or		PART 2 OTHER SIGNIFICAT	NT CONDITIONS	CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CON	IDITION GIVEN	IN PART 1(o	p.1
ORDS	en sie	Injury	ION	Cong	estive	Her	V Yai			aller		
AL RECORDS	n. nas beer permit.	ws ou	CERTIFICATION	1% DATE OF OPERATION	19b COP	NDITION FOR V	VHICH ÓPERATIO	N WAS PERFORMED	200 AUJOPSY?	20b. IF YES, W	G CAUSES	OF DEATH?
ITAL	ysicia cote h ransit Hygie	8 shows	ERT	21a ACCIDENT WAS UNDERLYING	21b. TIMI	E OF INJURY		21c HOW INJURY OCCUR		JRY IN ITEM 18, PART 1		ио 🗍
OF V	SICIAN ng phy certific ental-tre	Item 18	"	OR CONTRIBUTING CAUSE OF	DEATH	P.M.	H DAY YEAR					
ON	HYSI nding sic buri	ŏ	MEDICAL	21d. INJURY OCCURRED	21e PLAC	CE OF INJURY		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
DIVISION OF VIT	otter otter ter tl ss the	marked	¥	WHILE NOT WHILE	(AT HOME	, STREET, FACTORY, C	OFFICE, FARM, ETC.)	SIREE	CITYONIO	WN	.001411	SIAIE
۵	NDIN Il ar Il ar Use a	s mo		220.1 certify that (I) (New York	attended	the deceased		. 19 65	toseas	- 19_ 19_		that (I) <del>(==</del> ) I
	ATTE ISpito CTO CTO I for of the	21		saw the deceased alive abave, (I) (accorded) (did		dy after death.	-	nd that in (my) (aver) opinion	death accurred on the d	late and hour an	d from the c	couses stated
	DIRE bo	if her		226. SIGNATURE	. [/	R	, 2	DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE S	SIGNED
	by the ERAL State	NA -		yeen	us in	Ty le	21 //		MEDICAL STA		901	9- 19
	O HOSP etoined b	JRTA		22d. PHYSICIAN'S NAME (TY	PE OR PRINT]	1 1=	( AM	22e ADDRESS	ada el	12	4 -	alla h
	2 2 2 3 5	IMPORT	23a. B	URIAL, CREMATION, REMOV	AL 1236. DATE		1234 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	- 71	" INTS	ice p
	7.70		10	DECIEVE AND A SERVICE				- CREMATORI	CITY OF TOWN		INITY	STATE

24 FUNERAL DIRECTOR FRANCIS J. COLLINGESS

9/24/79

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

(SPECIFY) BURIAL

DHMH-16 20M

(YRA 15, 4) 7/78

MIDDLE

FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

230 NAME OF CEMETERY OF CREMATORY
FT. LINCOLN 23d. LOCATION COUNTY STATE PRI GEO BRENTWOOD 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REG. NO.

MONTH

2b. HOUR

WILBURN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

WIFE

weed

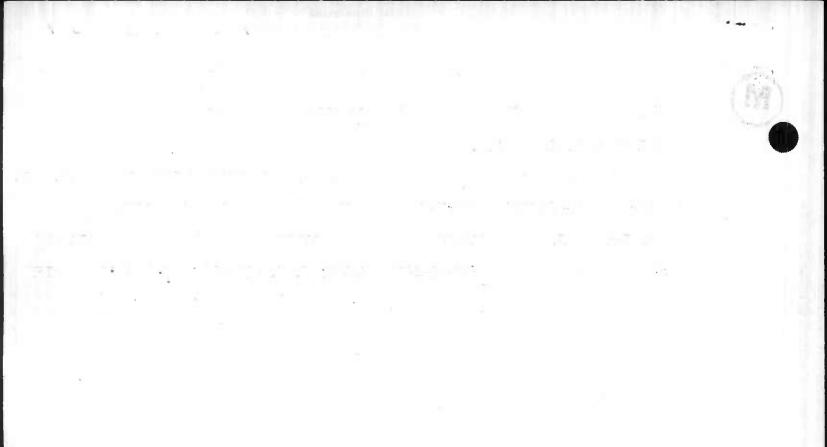
MD.

that (I) (me) last

IF UNDER 24 HRS

MIN

20 DATE OF DEATH



DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	UTED WITHIN 24 HOURS AFTER DEATH, IF ANY DELAY IN PENCIL IN ITEM 18. GVFE PAGES 1, 2, AND 3 TO THE ARAMINER ALONG WITH FORM PM. 3. RETAIN PAGARAINER ALONG WITH FORM PM. 3. RETAIN PAGARAINER ALONG WITH FORM PM. 3. SHOULD BE FILL OF A SHOULD BE FIL	111
DIVISION OF VITAL RECORDS, 3	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCI, IN ITEM 18, GIVE PAGES, 1, 2, AND 3 TO THY PAGE A SHOULD BE FOUNDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURBALTRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OXUTAL RECORDS, 30 BALTMORE, MARYLAND, 21201 PRIOR TO BURBAL, CREMATION, OR REMOVAL.	7

DHMH - 17 (VR A15 ME (5)) 15M 7/76

181. VALE !!

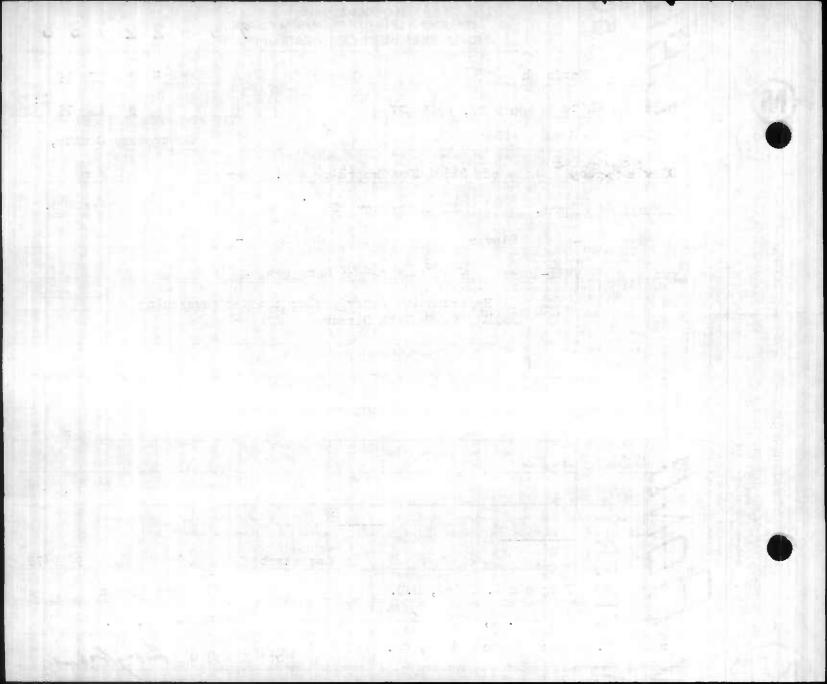
DEPARTMENT OF HEALTH AND MENTAL HYGIENE		STATE OF MARYLAND	
	DEPART	MENT OF HEALTH AND MENTAL HYGIENE	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	MEDICAL	EXAMINER'S CERTIFICATE OF DEATH	

()	0	13	hop	8
REG. NO.	600		3	Q
REG. NO.	7-8			200

1-	FOR STATE REGISTRAR		М	DEPARTMENT	NT OF HEAL'		CATE O	YGIENE OF DEAT	9	2 REG. NO.	2	9	5	8
	ECEASED NAME	FIRST		MIDDLE		LAST		20.	DATE KNO	WN []	MONTH	DAY	YEAR	25 HOUR
(T)	YPE OR PRINT)	Rando	1ph J	esse		Glover			OF ES	T1-	9	17	19 79	1
3. SE	X 4	RACE	5. DATE OF BIRT	TH 6.A	CE (IN YEARS IF	UNDER 1 YR.					HTMOM	DAY	YEAR	2d HOUR
N	Male	White	MONTH DA	22, 1925		NTHS DAYS	HOURS	MIN PR	ONOUNCED DE AD	)	9	18	19 79	2:05 P M
7a. 6	BIRTHPLACE (STA)	TE OR	76. CITIZEN OF	WHAT COUNTRY	2 8	RRIED N	EVED AA ADDI	9.	BALTIMORE	CITY OR	COUNT			
F	North	Carolina	USA			OWED	DIVORC		Mo	ntgo	mery	Cot	unty	s MD
10 0	CITY OR TOWN O	FDEATH	(IF NOT IN SUCH	OSPITAL, NURSIN	ADDRESS)			FOR MOS	L OCCUPATION OF WORKING	ON (TYPE O		12b. KIN OR	ND OF BU	ISINESS
	Xi txers sy			f 21601		pshire	Ave.	Fari	mer			Fai	rm	
	JAL RESIDENCE (IF	13b COUN		13c. CITY OR	TOWN			13e. STREET				, .		
	Marylan	d Mont	t	XXXXX	Brooker				1601 N	ew Ha	amps	hire	e Av	е.
14.1	FATHER'S NAME FIRST		WIDDLE	LAST			FIRST MAIDE	ENNAME	MIDDLE			L	LAST	
_	Roy WAS DECEASED	EVED IN LUC AD	Glov		SECURITY NO.	17 INFO	essie	-	Hart	DDRESS	-			
160.	IYES, NO, OR UNKNOW	N) (IF YES, GIVE	WAR OR DATES)	579				4 D C				#13	3	
y	res		-Korea	2/1-	30-85.	Ma Ma	rgare	υ D. G	Tover.	Баше	e as			EINTERVAL
				line for (o), (b), an			10	in Com	J			BETW	VEEN ONSE	T AND DEATH
-	1/10	( IMMEDIAT		lypertens				ic Car	diovas	cula	r			701
	Tool	, if ony, which		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MAXAX D	isease								
	gave rise	to immediate	(b)								-	-		
-	lying couse	toting the <u>under</u> - e lost.	DUE TO,	or as a consec	DUENCE OF									
			(c)											
7		NIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELATED 1	TO THE TERMINAL OIS	EASE OR CONOIT	ON GIVEN IN PA	ART 1 idi.						
CERTIFICATION	19a, DATE OF C	DEDATION	Tink CON	IDITION FOR WHI	ICH OBEDATION	LAVAS DEDEC	DAVED 2					20 4	UTOPSY	2
S	196. DATE OF	PERATION	198. CON	IDITION FOR WHI	ICH OPERATION	WASTERIC	KWILD:							
RT	21a EXTERNAL	CALISEWAS	215 TIME	OF INJURY	214	. HOW INJUR	V OCCUPPE	ED (ENTER NAT	TURE OF INJURY	NITEM 18 PAI	PT 1 OP PA		res 🔀	NO [
		OR	HOUR	A.M. MONTH DA	AY YEAR	. 110 44 114301	OCCORRE	ED JEHREN HALL	OKE OF HOOK !	IN THE PARTY OF PARTY	NI I OKI I			
MEDICAL	CONTRIBUTING	G CAUSE OF		P.M. CE OF INJURY (A	19	LOCATION						-		
MED	WHILE			FACTORY, FARM, ETC.)	RI HOME, 1211.	STREET			CITY OR TOWN		co	UNTY		STATE
7	AT WORK	AT WORK												
1	22a. I certify	that I taok charg	ge of the remains	described obove,	held an Au	topsy X	Inspectio	on L.	Inquiry	, ond	in my op	oinion		
	death resulted	d from: Natu	ral causes X,	Accident	, Suicide	, Han	nicide .	Undeterr	mined manne	r .				
16	1000	11	ν .				(SPECIFY)						- 1-	- /
	ACTUAL SIGNATURE_	Ulgin	va AD	olan MY		M.D. As	sistar	nt MEDIC	AL EXAMINE	R	SIGNE	ED	9/1	9/79
-	EXAMINER'S N	IAME Vir	ginia L.	Dolan,	M.D.	ADDRESS			111 F	enn (	Stre	et		
230	BURIAL CREMATI	on,removal :	Sept. 20	,1979 I	Lee Fune	yor crema eral Ho	TORY ome	23d, LOC. Was	ation shingte	on, D	cou	MTY •	5	TATE
24	FUNERAL DIRECT	R. Barbe	r Layto	nsville	, Md. 2	20760		REC'D. BY R		5b. REGIST	TRAR'S S	SIGNAT	URE	

Francis H. Barber Laytonsville, Md.

SEP 2 4 1979



	1-	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	REG. N		9	5 9
		CEASED NAME FIRST		WIDDLE		AST	2a. DATE OF DEATH	MONTH DA		26 HOUR
		Gra	ce	М.		lard	Septembe		197	
	3 SE		4 RACE		5 DATE (		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	
	-	Female		asian		. 17, 1922	9 BALTIMORE CITY	YRS	DEDEATH	
73	C	IRTHPLACE (STATE OR FOREIGN OUNTRY)		F WHAT COUNTRY	MARRIE	D NEVERMARRIED				
12		INADA	U.S		WIDOWI	DR OTHER INSTITUTION	Montgome		unty	OF BUSINESS OF
D			(IF NOT IN SE	JCH FACILITY, GIVE STRE	ET ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTR'	Υ
-		TOMAC		Belmart		1	Adm. Assi	stant	Phys1	cs Lab
3.9	Ma S	aryland Mont		Potomac	WN	13d Inside City Limits?	13e STREET ADDRESS 8840 Belma	art Ros	ıd	
57		ATHER'S NAME FIRST Walter	MIDDLE	Godard		15 MOTHER'S MAIDEN NA	WIDDLE		litche	son
000	16a V	WAS DECEASED EVER IN U.S. A	ARMED FORCES?			17 INFORMANT	ADDR	ESS		
e medi		No		094-16-	-7899	Dorothy S. F.	rawley, Sa	me as f		DXIMATE INTERVAL N ONSET AND DEATH
ar ather trauma		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(c)	or as a conseo or as a conseo	UENCE OF					The state of the s
any injury.	NO	PART 2. OTHER SIGNIFICAN	T CONDITIONS (	CONTRIBUTING TO	D DEATH BU	NOT RELATED TO THE TER/	minal disease or con	ADITION GIVE	N IN PARI	110
no smo	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY?		ING CAUSE	NO [
dem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	of Injury a.m. month p.m.	DAY YEAR		RRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PAI	RT 1 OR PART 2)	
rked ar	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFIC	E. FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
7		sow the deceased alive above, (1) (we) (did) (did	on 9/30	19	73.00		death accurred on the c	date and hour	ond from the	. that (I) (we) lo
VT: If Item		22b. SIGNAFORE	France	ley	ns	100	MEDICAL STA	AFF CIAN []	9/3	0/79
IMPORTAN		James M		Ley , M.	0.	22e ADDRESS 3415 Hamilto		tsville	e, MD	20782
IMPORT		BURIAL, CREMATION, REMOV (SPECIFY) Cremation	23b DATE 10-1-			cemetery or crematory politan Cre	m. Alexand	ria,	Virg:	inia

Cremation | 10-1-79 | Metropolit

DHMH - 16 50M 1/76 (VR A 15 (4))

To I the Townstipe | Drund | D contributed to District Conduct Principle Course in 13 -planted to the control of the contro

beer

hos

(VR A 15 (4))

burial-transit Mental Hygie certificate

physicia

a

or Item 18

3	70	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 9 2
45	the state of the s	I. DECEASED NAME FIRST	Ruth	Goldberg	20. DATE OF DEATH MONTH
	(M)	Female	4 RACE Caucasian	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)
	1 16 175	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UDVORCED UDVORCED	9 BALTIMORE CITY OR COULD Montgomery
	Office of with	Takoma Park	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET)  Washington Adver	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN	

NTY OF DEATH 12h KIND OF BUSINESS OR G LIFE) INDUSTRY Home HOUSEWITE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 2418 Harmon Road Silver Spring Montgomer NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Louis Wice Bessie Kluoman ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Maryland 185-07-7939 No 2418 Harmon Rd 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28n ALITOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a. | certify that (1) this haspital) attended the deceased from (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF

FUNERAL DIRECTOR should be detached with the State Dupt IMPORTANT: If lear 230 BURIAL, CREMATION, REMOVAL Burial 23b. DATE 9-7-79

22e. ADDRESS

Judean Mem. Gardens

Olney,

DIRECTOR PHYSICIAN

STATE

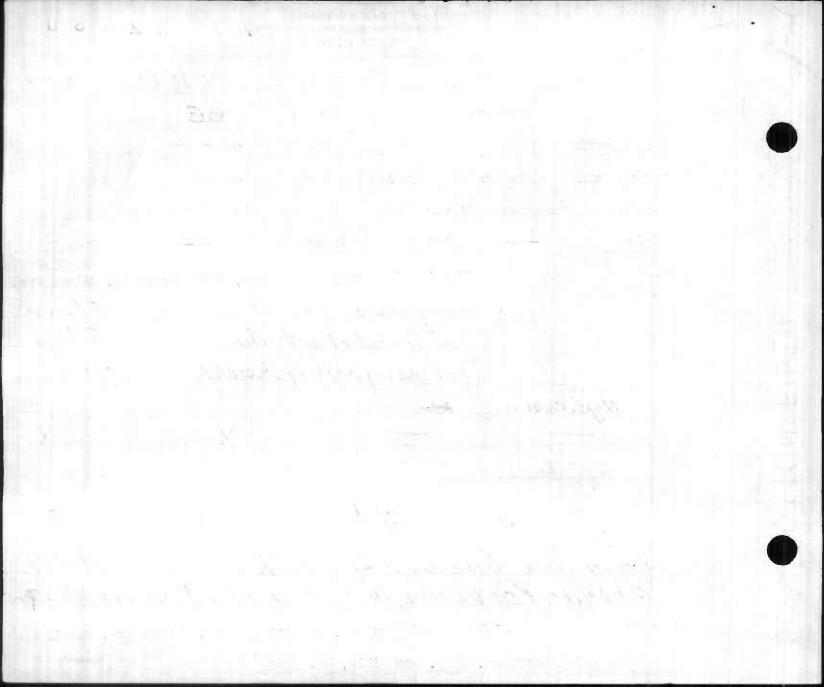
26 HOUR

24 FUNERAL DIRECTOR DHMH - 16 50M 1/76

Danzansky-Goldberg Mem. Chap. Rockville, Md

intry McCready

Montgomery



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0	X	
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within 24 haurs ofter

requires that the death certificate be

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	erin.		 ,
9	2	2	6
	600	Street	

REGISTRAR				CERTIE	FICATE OF DEATH	REG.	NO.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	Ethel			G	ordon	September	30, 19	79	7:30 P
3 SEX		4 RACE		5 DATE		6 AGE (IN YEARS LAST 8		FUNDER I YEAR	
Female		White		Febr	uary 22, 1908		71 YRS.	Milis Dais	NOOKS MILE
To BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	To	D XXNEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DE ATH	
Maryland		u. s.		WIDOW	DIVORCED	Montgomer	У		ME
10 CITY OR TOWN OF					OR OTHER INSTITUTION	12a USUAL OCCUPA		12b KIND (	OF BUSINESS OR
Silver Sp			Lyers Mil	l Roa	.d	Personnel	Head	u.s.	Gov't
USUAL RESIDENCE 11FT 130 STATE Maryland	13b COU		13c. CITY OR TOW Silver S	e admission) pring	134 INSIDE CITY LIMITS?	13ª STREET ADDRESS 2508 PLye	rs Mill	Road	
14 FATHER'S NAME		MIDDLE	1007		15 MOTHER'S MAIDEN NA	WE	The state of the s		
Isaac		WIDDLE	Gerbe	r	Fannie	MIDDLE			ross
160. WAS DECEASED EN			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ALOZ D	RESS		
NO	) [IF YES, GIV	E WAR OR DATES)	578-32-5	717	Irvin Fulton	4693 Dowe	city Mi	anulau	1 20812
18 CAUSE OF DE	EATH (Enter o	nly one couse pe	er line for (o), (b), on	d (c		FILLEGIA	THE WILL	APPROJ 8ETWEEN	XIMATE INTERVAL NONSET AND DEATH
PART I. DEAT	H WAS CAUSE	D BY. TE CAUSE (0)	Dissemi	A	d Carcinomi	a		1	year
1629	IMMEDIA.		OR AS A CONSEQUI						
Conditions, if a	ony, which	( 1b)	Adreno		homa of	Lung		11	24 ears.
gove rise to	immediate	DUETO	DR AS A CONSEQUI		,				
underlying co	ouse lost.	(6)	7K A3 A CONSCOOL	LINCE OF				1	
	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 1	(0
NOTAL 1190 DATE OF OPE									
S 190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FIND	INGS USED S OF DEATH?
ET						YES NO	YES		NO [
			OF INJURY I.M. MONTH D	AV YEAR	21c. HOW INJURY OCCURE	RED JENTER NATURE OF IN	JURY IN ITEM 18, PAR	T T OR PART 2)	
OR CONTRIBUTING			.M.	19					
IIF EITHER, NOTIFY M.  21d. INJURY OCC	URRED		OF INJURY	A DAA ETC \	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	T WORK	TAT TIONE, S	INCET, FACTORT, OTTREE,	ARM, ETC.)			/		JIAIL
22a.l certify that	t (I) ( <del>Ihis hosp</del>	rtal) ottended t	he deceosed from_	50	PE 19 18	_, to	30,19	79.	, that (I) (wa) last
sow the dec	eosed olive or	ot) view the bod	1/24 19	77.0	nd that in (my) (authopinion o	death accurred on the	dote and hour o	and from the	e couses stoted
226. SIGNATURE	7	,			DEGREE			22c. DATE	E SIGNED,
6	· Au	und	both	, N	ATTENDING PHYSICIAN X	MEDICAL ST DIRECTOR PHYS	AFF	101	12/79
22d. PHYSICIAN'S	NAME ITYPE	OR PRINT)	1	1	22e ADDRESS				
G.	Lennar	d Gold,	M. D.		8630 Fenton	Street, S.	ilver SI	oring,	, Md.
23a. BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	236.1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	CTATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH - 16 50M 1/76

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove corbanapapers. Pages 1 and 2 should be filed within 72 hairly the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical-exem

(VR A 15 (4))

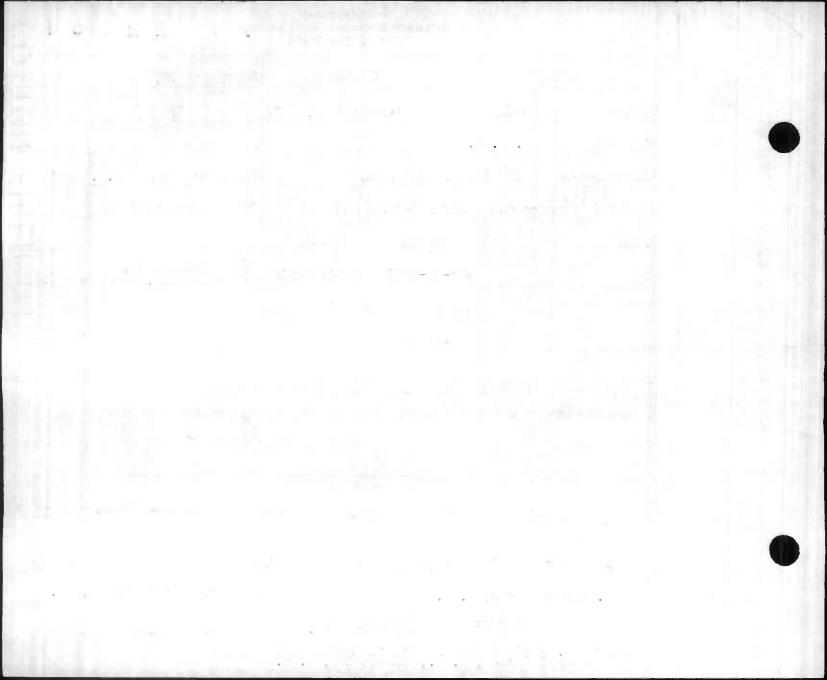
Burial 10/2/1979 <sup>24</sup> FUNERAL BIRECTOR M. Stein Hebrew Memorial Funeral 232 Carroll Street, N. W., Washington,

King David Mem. Garden

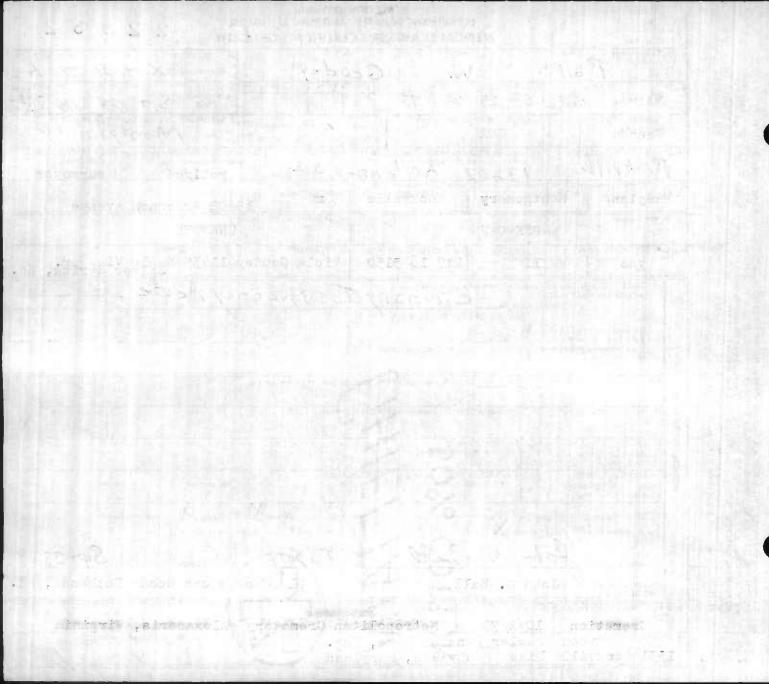
Falls Church,

Virginia

DHOMEOCT O BY REGISTRAR 256. REGISTRAR'S S



STATE OF MARYLAND

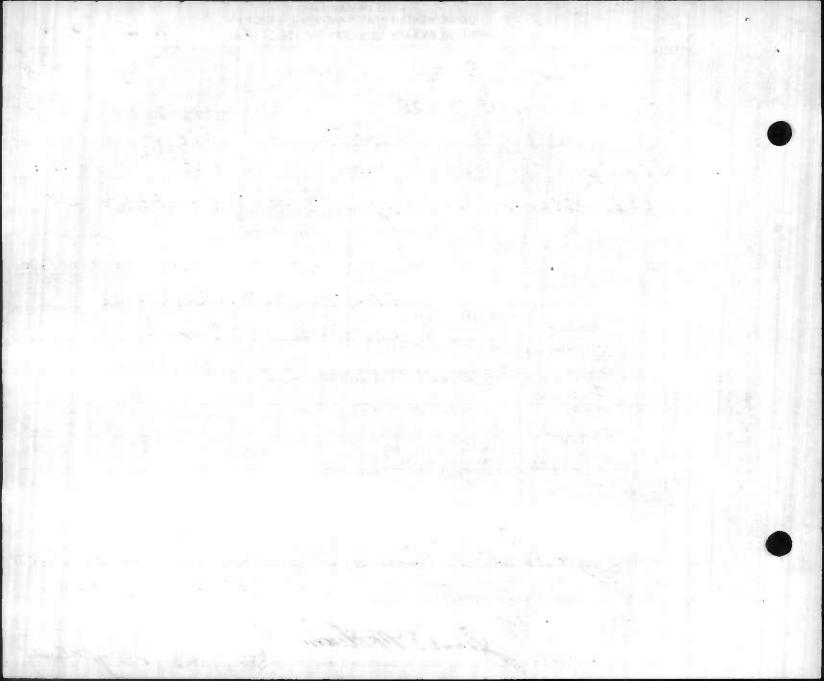


		1 -	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2 2	9 6	<u>ن</u> د	
oy be	N		CEASED NAME FIRST	MIDDLE A	(S) DATE O	elo er ripth	20 DATE OF DEATH	MONTH DAY	YEAR 2	HOUR AM	
ge 4	4		Female	Black	MONTH 2		81	YRS.	HS DAYS	HOURS MIN	
neral din 72 hou	35	70. BI	RTHPLACE (STATE OR FOREIGN SUNTRY)	USA	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY C	OM EI		MD	
by the function	68	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME C		120 USUAL OCCUPATION PROPERTY RECTIFED		2b. KIND OF I NDUSTRY	BUSINESS OR	
in 24 hours	35	Ma	aryland Mon	ROTHER INSTITUTION BIVE RESIDENCE BEFO NTY 131. CITY OR TO ntgomery Si.S	P •		134. STREET ADDRESS 13309 B	rackle	y Roa	d	
ed within	158		ther's name	MIDDLE LAST		Rosie Den			LAST		
be execut an and ca		No.	VAS DECEASED EVER IN U.S. AF (IF YES, GIV )	RMED FORCES? 166 SOCIAL SEC 577 50		Catherine	G. Gilbe				
g physici anpaper emaval.			PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), (ED BY. ITE CAUSE (a)	and ich	HEMORA	ung E		APPROXIMA BETWEEN ON	SET AND DEATH	
e death ce i attendini mave carb			Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQ	UENCE OF				ruse	TERR	
that the d by the ease rem	al, cremo		cause (a), stating the underlying cause last	DUE TO, OF AS A CONSEQ	MEN		CULAR De		110	ATE	
equires Then pl		NO	NO			NTRAC	CRANIAL I	ANEU MYS.	MAL	SURE	SEN
5 6 6		CERTIFICATION	19ª DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES O		
SICIAN: The ng physician certificate hundi-transit pental Hygier			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1	OR PART 2)		
	5 /	MEDICAL	216. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN .	COUNTY	STATE	
00 00				oital) attended the deceased from	- G	nd that in (my) (aur) apinion	death occurred on the d	late and hour on	d from the co	at (I) (we) las uses stated	
TAL CATTEN  The hospital  TAL DIRECTOR  detached for u  detached for u  the hospital  The hospital		1	22b. SIGNATURE	1	us	M ATTENDING	MEDICAL STA	FF CIAN []	221. DATES	GNED / 79	
ed b		6	PHYSICIAN'S NAME (TYPE O	OR PRINT)	Mo	220 ADDRESS		r SELVE	SIL SPR	126	
5 5 7 8 3 3		23a E	SPECIFIC CREMATION, REMOVAL	L 23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	236. LOCATION T CITY OF HOWN	t		STATE	
JBP DHMH-16 20		24. FI	INERAL DIRECTOR	9/22/79 ADDRESS		ny Cemetery		25b. REGISTRAR		Early	
(VRA 15, 4) 7	//B	K	obert G. Mas	son, Inc. Washi	ngton	D.C.		1			

STATE OF MARYLAND



			STATE OF MARYLAND	
	1-	FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	964
70	I DE	REGISTRAR CEASED NAME FIRST	REG. NO.	TH DAY YEAR TO HOUSE
()		E OR PRINT)	OF ESTI-	ITH DAY YEAR 26, HOUR
48889	3. SEX	II. RACE	DEATH MATED DEATH	P-131977 DM
Washing St.	J. JL	in Malla	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	417 7930
N O N O N	7- 0	RTHPLACE (STATE OR	78 CHIZEN OF WHAT COUNTRY? 8. DEAD OF BALTIMORE CITY OR COUNTRY?	JNTY OF DEATH
新 新 英 美 芸 美 へ シ	FC	ndiana	MARRIED NEVER MARRIED	MIT OF BEATH
第22300		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF FO	MD. MD.
PAGE PAGE SOUTH PAGE	(	Di 1.5091	1969 LaPointe Avenue, Housewife	own home
AND 3 T	USU/ 13a. S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  NTY  13c. CITY OR TOWN  13d. INSIDE (ITY LIMITS?  YES X KARS / 269 2 Pois	ite DY.
A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14. F.	THER'S NAME	MIDDLE LAST PRIST MIDDLE	LAST
SPE MOSES 1.		FIRST .	H. Elbridge Mirline	Bellamy
MORE PAGE FORM SS 1 AI	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
URS AFTER GIVE PARTING WITH FOUND PAGES 1			one \$03-50-1344 Douglas Green-husband-(	same as 13e)
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER BRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM E 35 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 ARE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		18. CAUSE OF DEATH (Enter on	nly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON ST., E HIN 24 HOU IN ITEM 18. ISIT PERMIT. HYGIENE, D		PART I DEATH WAS CAUSE	TE CAUSE (a) Me Day to tic Crycino	
AL T PE		1809	DUE TO, OR AS A CONSEQUENCE OF	
W. PREST D WITHIN ENCIL IN AMINER J TRANSIT ENTAL HY REMOVA		Conditions, if any, which gave rise to immediate		
DI W. PRES UTED WITH V PENCIL I EXAMINER IAL-TRANS MENTAL P OR REMOV		cause (a) stating the <u>under</u> - lying cause last.		
S, 301 V		Tyring coose lost.	(c)	
EXECUNG: IN		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ULD BE EX ULD BE EX "PENDING EF MEDIC SED AS A HEAITH A CREMATIC	CERTIFICATION		e	
ITAL RECEIVED SHOULD SH	CA	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
OF VITAL  ATE SHO THE CHILL  TO BE US AENT OF BURIAL,	E	Non	6	YES NO NO
NOF VI	W.	210 EXPERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	R PART 2)
CERTIFICATE SITING THE WORDED TO THE COMPOSED TO THE COMPOSED DEPARTMENT OF PRIOR TO BURRA	3	UNDERLYING OR CONTRIBUTING CAUSE OF		
CERTIFUC TING TO SEE TO	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE D	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUNTY STATE
DIVIS THIS CER WRITING WARDED PAGE 3 S TATE DEP	>	AT WORK AT WORK		COUNTY
			ge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and in my	v oninion
MINER: IFICATE BE FOR CTOR: A THE		Annual Control of the	oral causes . Accident . Suicide . Hamicide . Undetermined manner .	opinon .
2 H W H C		Train Train	TITLE (SPECIFY)	
AL EXAMINE CER HOULD HOULD THE WILL WITH, WILL WILL WILL WILL WILL WILL WILL WIL		ACTUAL SIGNATURE	DA MEDICAL EXAMINER SIG	TEW CO 13/19 79
SHEER		9		71.00
MEDICAL E ECUTE THE O ECUTE THE O FUNERAL O FUNERAL O ITIMORE, MV		TYPE OR BRINT	hn S. Rogers, DME ADDRESS 1919 Seminary Road,	S.S. Md.
TO MI EXECL PAGE TO FU AFTER	23a. B	JRIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	CRINTY STATE
BP			9-17-79 Crown Hill Cometery Indianapolis	Ton Indiana
000 DHMH-17	24. F	Way HETORE. Pu	mphrey nc 250. Date Rec'd. By Registrar 25b. Registrar	SSIGNATURE
(VR A15 ME (5)) 30M 7/73		8434 Ga. Ave	The state of the s	try Mc Credy



TIMORE, MARYLAND 21201	be executed within 24 hours after death Page 4 may be	ion and completely filled in the ineral director, page 3 rs. Pages 1 and 2 should in times in 72 hours ofter death	se medical Examiner must be mus	3 SEX F 70. BIR COL RU 10 CIT N 130 ST MAR 14 FAT
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the "the princip director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbanapers. Pages 1 and 2 should in times in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examiner must	MEDICAL CERTIFICATION

FOR

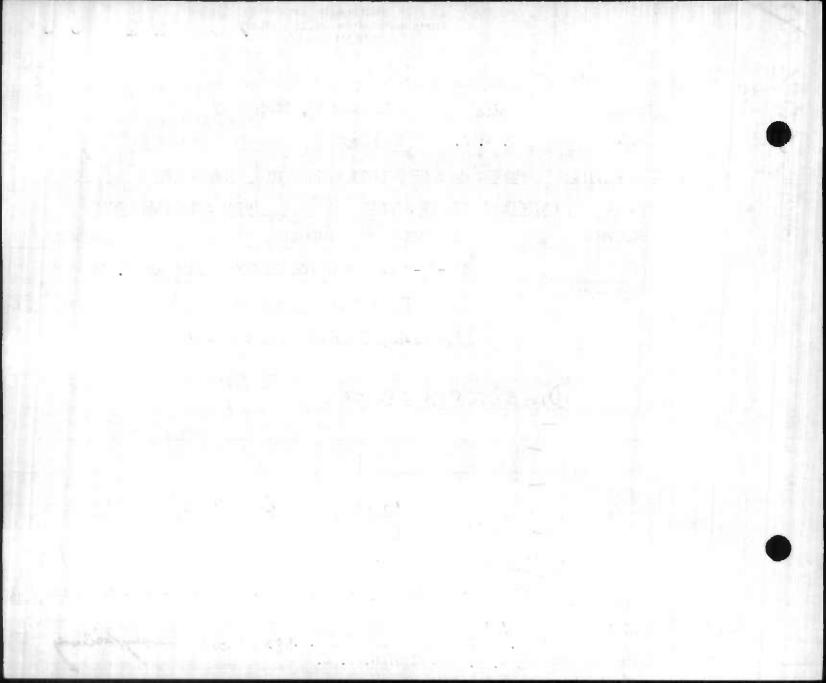
STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9	
CERTIFICATE OF DEATH		REG. N
- IASI	TE OF	DEATH

	1 -	STATE REGISTRAR		DEPAKI		ICATE OF DEATH	TGIENE	REG. NO.	2	y c	) 3	
		CEASED NAME FIRST OR PRINT)	2	MIDDLE	Bre	ehber	20 DATE O	F DEATH MONTH	1 J	YEAR	26 HOUR	M
	3 SEX	<b>(</b>	4. RACE		5 DATE C	F BIRTH	6 AGE (IN	YEARS LAST BIRTHDAY)	IF U	NDER I YEAR	IF UNDER 24 HR	_
		Female	White			uary 22, 188	J		YRS		HOURS MIN	
7	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMO	ORE CITY OR CO	UNTY OF	DEATH	/	
4		ISSIA TY OR TOWN OF DEATH	U. S.		WIDOWE	DIVORCED [	120 1151101	OCCUPATION	7//	121 KINIO	F BUSINESS O	MD.
0	R	ockville	HEBREW	HOME OF	GREAT	ER WASHINGTO	TYPE OF WOR	NE FOR MOST OF WORK		INDUSTRY	F BO3114E33 O	
5	13a S	AL RESIDENCE (IF NURSING HOME OF ITATE 13b COUT	ROTHER INSTITUTION NTY GOMERY	13¢ CITY OR TOV SILVER S	VN I	13d Inside City Limits?	13e STREET 9704	ADDRESS SUTHERLA	WD R	OAD		
7	14 FA	JOSEPH	MIDDLE	LAGÛŜKE	ER	15. MOTHER'S MAIDEN IN	NAME	MIDDLE	. ,,	(UNKÑ	OWN)	
	160 V	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	213-74-9		BEATRICE PE	RSKY	SAME AS	NO.	13		
		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse Ial, stating the underlying cause last.	DUE TO, O	RAS A CONSEOU	JENCE OF	MIC SH TRACT IN		oN		12	HOUR	
	CERTIFICATION	PART 2 OTHER SIGNIFICANT	ABET	ES ME	ELLI		RMINAL DISEAS	OPSY? 20b.	IF YES, W	ERE FINDIN	NGS USED	=
	RTIFIC	and according was unpersuant.	21b TIME C	SE IN LILIDY		Tal- HOW IN HIRDY OCCU	YES 🗌	NO	YES [		OF DEATH?	
		2 30 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	UKKED (ENTERNA	ATURE OF INJURY IN ITE	EM 18, PART I	OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	, ,	CITY OR TOWN		COUNTY	STATE	
		220.1 certify that (1) (this hosp sow the deceased alive an abave, (1) (we) (did) (did	416	19	12-1	d that in (my) (aur) apinio	on death accurre	edion the dute on	19_ id hour on-		that (I) (we) la couses stated	151
		22b. SIGNATURE	asil		M.	DEGREE ATTENDING PHYSICIAN		STAFF	/	22c. DATE	SIGNED	
		22d. PHYSICIAN'S NAME (	D. P	ATEL		6/21 M	DATRO	SE R	D.R	0011	ILLEM	(1)
		SURIAL, CREMATION, REMOVAL	23b. DATE	23 c.	NAME OF C	EMETERY OR CREMATOR	Y 23d. LOC	ATION OR TOWN	cou	INTY	STATE	

BP\_ DHMH - 16 60M 1/75 (VR A 15 (4))

BURIAI 9/9/1979 KING DAVID MEMORIAL GARDEN FALLS CHURCH, VIRGINIA

24 FUNERAL DIRECTOR DONALD M. STEIN HEBREW MEMORIAL F.H. SEDDIEREG D. 19 FIGSTRAR WASHINGTON, D. C. 232 CARROLL STREET



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BALTIMORE, MARYLAND 21
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DIVISION OF VITAL RECORDS, 201 W. PR
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page more retained by the hospital or attending physician.  ATO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and completely filled in by the funeral director. Page 3 should be detached for use as the buriol-transit permit. Then places remove corbonopages. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.  IMPORTANT, If them 21 is marked or them 18 shows ony injury, or other troumatic event, the medical examiner must be neitlified at appear.	2
TO HOSPITAL OR ATTENDING PHYSICIAN: The I retoined by the hospital or attending physicion.  ATO FUNERAL DRECTOR, After this certificiate hos should be detached for use os the buriol-transit per with the State Dept. of Hospith and Mental Hygiene IMPORTANT: If them 21 is morked or item 18 shown	1

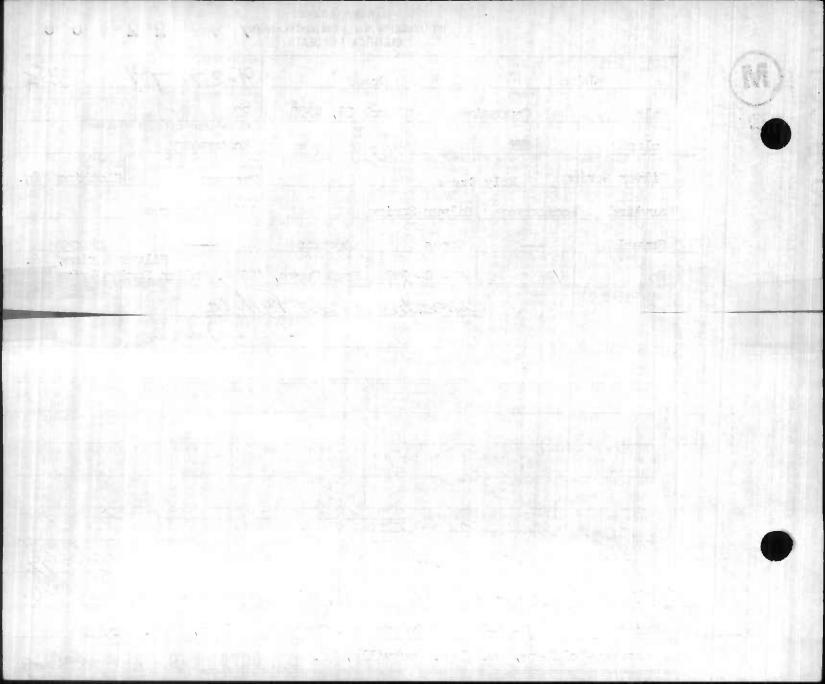
	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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7	600	6	1	9	9
REG.	NO.				

		OR PRINT)				Of 9	701	·2:15
	3. SEX	Jake	4 RACE		COSS OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER I YEAR	F UNDER 24 HRS
				MOI	NTH DAY YEAR		MONTHS DAYS	HOURS MIN
	Ma	THPLACE (STATE OR FOREIGN	Caucasia		ch 25, 1907	72 9 BALTIMORE CITY OR	YRS.	
1	CO	DUNTRY)		MARR	IED NEVER MARRIED		COUNTY OF DEATH	
		oland	USA	WIDO\	OR OTHER INSTITUTION	Montgomery 12a USUAL OCCUPATION	LIZE KIND (	MD.  OF BUSINESS OR
2			(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	
		Iver Spring  L RESIDENCE (IF NURSING HOME O	Holy C		N/S	Manager	CToth	ing Mfg.
1	13a. S	TATE 136 COU	VIY II:	BL. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		
è	_	ryland Monto	omery 1	Silver Sprin	YES X NO	114508 Homec	rest	
-		FIRST	MIDDLE	LAST	FIRST	WIDDLE	LA LA	
ζ		muel -	HED FORGESS II	Gross  SOCIAL SECURITY NO	Notice.	ADDRESS	Unkr	
	(Y		E WAR OR DATES)				Silver Spri	
	No	) N/A	4	409-10-0393	Fred Gross,	402 E. India		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per lin	ne for (a), (b), and (c).	16 +6	7/110	BETWEEN	ONSET AND DEATH
-		IMMEDIA	TE CAUSE (0)	unges 17ve	Har 19	11016	17	
		4140	DUE TO, OR	AS ACONSEQUENCE OF	- A. 1	- Anison	00	
ì	0.3	Conditions, if ony, which gove rise to immediate	(b)	1 renascie	erice Na	EN DACK	2	
		couse (a), stoting the	DUE TO, OR	AS A CONSEQUENCE OF				
		underlying couse lost.	(c)					
	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	ITRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	TION GIVEN IN PART 1	0)
_	CERTIFICATION	19g DATE OF OPERATION	IN CONDITI	ON FOR WHICH OPERAT	ION WAS DEDEODATED	20a AUTOPSY?	Ob. IF YES, WERE FIND!	NC STIEFE
	FIC	IN DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERAL	ION WAS PERFORMED		N CERTIFYING CAUSES	OF DEATH?
0	E	71g. ACCIDENT WAS UNDERLYING [	7 21b. TIME OF	NILIBY	121. HOW IN HIRV OCCUR	YES NO X	YES	но 🗆
ŀ		OR CONTRIBUTING CAUSE OF DE	LIOUD A AA	MONTH DAY YEA		KED (ENIER NATURE OF INJURY I	N HEM 18, PART 1 OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19	211 LOCATION			
	MEC	WHILE NOT WHILE	21e. PLACE OF (AT HOME, STREE	T, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK			6/3- 30			
		22a.1 certify that (I) (this hosp	-	1	7/27.19/	, to	19 17.	that (I) (We) lost
		above (I) Let (did) (did no	of view the Wordy of	fer death.	and that in (my) (oyr) opinion	deoth occurred on the dote		
		226/SIGNATORE	1hr.		DEGREE ATTENDING	AMEDICAL STAFE	IIL DATE	HIGNED
_		14- Conce	12000	777	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO Y	7/77
	/	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	110	THE ADDRESS		1 10 -	110
		JEROME S	CHNAPP	M.D	11161 NEW H	IAMPSHIRE!	AUE, 3:3.	MD.
	230. B	URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Bu	rial	9-28-79	Judean	Mem. Gardens	Olney, Mon	nt. Marylan	d
	24. FU	ineral director anZansky-Goldbe	mar Mom	That ADDRESS Doolarsi		E REC'D. BY REGISTRAR 25	B. REGISTRAR'S SIGNA	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))



within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed chained by the hospital or attending physician.

	STATE OF MARTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGI
PEGISTRAR	CERTIFICATE OF DEATH

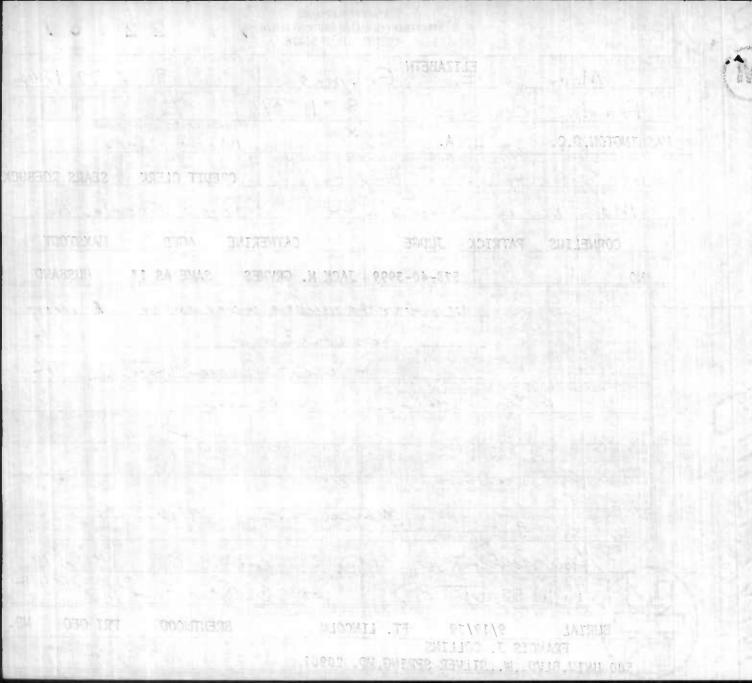
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1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
0	DECE	ASED NAME FIRST		ELI ZABETH	1	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
		Mary		Ξ,	60	ymes	9	16 79 1:10p
	3. SEX	c 1'	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
-	1. DIDT	remale		as.com	10	0 11 07		RS.
		HINGTON, D.C.	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COL	
- 16		OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	WIDOWE NG HOME C	D DIVORCED DIVORCED	120. USUAL OCCUPATION	126. KIND OF BUSINESS O
8	5	Iver Spring	Holy	CH FACILITY, GIVE STREET	Hos	pital	CREDIT CLER	
35	13a. ST/	Md. Me		13c. CITY OR TOW		134 INSIDE CITY LIMITS?		recleu Av
160	I4. FATI	HER'S NAME FIRST CORNELIUS	PATRIC	K JUDGI	=	IS MOTHER'S MAIDEN NA FIRST  CATHE	WIDD:+	MAXSTODT
7		AS DECEASED EVER IN U.S. A	1	166 SOCIAL SECU		17. INFORMANT	ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES)	578-40-	-3999	JACK M. GRYN	IES SAME AS	13 HUSBAND
		8 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause pe ED BY	r line far (a), (b), an	dic		0 00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		1/2 M IMMEDIA	TE CAUSE (a)	ceru	nol	roscules.	accedun	1 des
	Conditions, if any, which (b) Semonlasse							
		gove rise to immediate couse (a), stating the	DUE TO C	R AS A CONSEQU	ENICE OF	1	2 1/	110
		underlying cause last.	(c)_	AS A CONSEGO	6	nterio So	larous typi	ton 10415
		PART 2 OTHER SIGNIFICANT	Len	DSPA	DEATH BUT	NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
2	CERTIFICATION	9a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO
9		OR CONTRIBUTING CAUSE OF DE	216. TIME C	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE)	A 18, PART 1 OR PART 2)
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	) P	.M.	19			
	ME	WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	-	2a. I certify that (I) (this hasp		ne deceased fram	3ug	rela 19 79		19 79, thouse (we) lo
	-	saw the deceased alive a above, (I) (we) (did) (did note).  12b. SIGNATURE)	at view the body	rafter death.	/	DEGREE	death occurred an the date and	haur and from the causes stated
		10. SIGNATURE)	nyste	my p	1	ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	9/11/25
1	2	12d. PHYSICIAN'S NAME (TYPE	ORPRINTI)	M	D	226 ADDRESS   DO 1   C	SEARSIA AVE	= SILVED SPRING
	23a. BU (SPE	RIAL, CREMATION, REMOVA				EMETERY OR CREMATORY INCOLN	BRENTWOOD	COPRI GEO STATE M
-	24 FUN	BURTAL SERAL DIRECTOR EDAM	CIS J.		II. L		E REC'D. BY REGISTRAR 256.	
15		FAN UNTU RIL			THE M	CL	P2 4 1979	when I was and

,W., SILVER SPRING, MD. 20901

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))



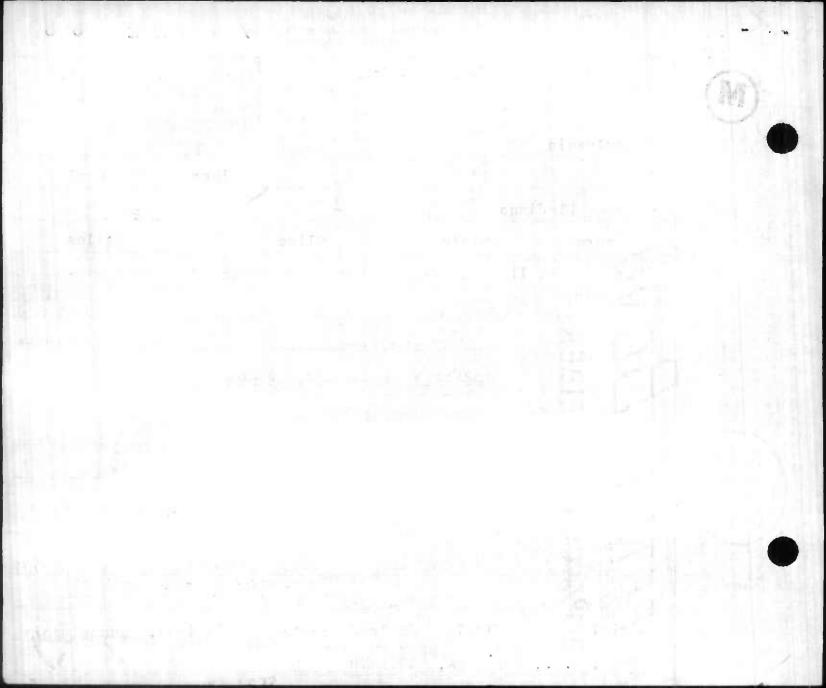
BP. DHMH - 16 50M 1/76 (VR A 15 (4))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page retained by the hospital or otherding physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral directional be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages I and 2 should be filled within 72 half and the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be nearliked 8t ance.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN	0	9	2		6	
CERTIFICATE OF DEATH	REC	G. NO.	dien	,	9	

SEDI 1 114

	1 - STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG. NO		68
	I. DECEASED NAME FIRST (TYPE OR PRINT) Daniel	Oliv	er (	Guist	e e	September		75.31 PM
Ì	3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTI		
ı	Male	White		Janu		54	YRS	DAYS HOURS MIN.
1	₹0. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	ATH	
	Pennsylvania	USA		WIDOWE		Montgomer	У	MD.
	10 CITY OR TOWN OF DEATH Bethesda		OSPITAL, NURSING FACILITY, GIVE STREET AI NICAL CET		DR OTHER INSTITUTION  NIH	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MINET		KIND OF BUSINESS OR USTRY Coal
	7	or other institution, of unity diana	BIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Home:	admission) 1	13d. INSIDE CITY LIMITS? YES X NO []	13e. STREET ADDRESS Route 2,	Box 38	
4	Manroe	MIDDLE Gui	ste LAST		Olive	MIDDLE		i l'è's
)	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE		
1	(YES, YOOR UNKNOWN) (IF YES	V 11	204-16-82	242	Mrs. Betty G	uiste, wife	- Same a	s deceased
1	18 CAUSE OF DEATH   Enter PART I. DEATH WAS CAU	only one cause per l	ine for (0), (b), and	{C, ,			BI	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
1		IATE CAUSE (o)	etract	410	Septic sh	ocls		36 hours
1	2008	DUE TO, OR	AS A CONSEQUE	NCE OF				
1	Conditions, if ony, which gove rise to immediate	(b)	rancyt			ZZdays		
	couse (o), stating the underlying couse lost	DUE TO, OR	AS A CONSEQUEN	MI.	xed Lymph	ome.		Zyaans
		T CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN P	ART TO
4	e Kenal 30		20,2atic		N WAS PERFORMED	20g. AUTOPSY?	20b. IF YES, WERE	Elalouice uses
	Renal Se	196 CONDII	ION FOR WHICH C	JPERATIO	N WAS PERFORMED		IN CERTIFYING C	AUSES OF DEATH?
4	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	IN II IPV		21c HOW INJURY OCCUR	YES NO	YES X	NO 🗆
1	OR CONTRIBUTING CAUCE OF	110110 1 11	MONTH DA	Y YEAR	ZIC HOW INJOK! OCCOR	CED (ENTER NATURE OF INJUR	TIN IEM IB, PART I ORF	-ART 2)
	(IF EITHER, NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED	P.M		19	211 LOCATION			
	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, FA		STREET	CITY OR TOW	1 50	NTY STATE
	220 I certify that X) (this has sow the deceased alive above X) (we) (did) (dX)	spital) attended the on 05 Septe	deceosed from	6 Aug	nd that in (Xy) (our) opinion	death occurred on the do		om the couses stated
	226 SIGNATURE	2 2 2000	00		DEGREE			DATE SIGNED
	Joseph y	2116	ellan r	nD		MEDICAL STAF DIRECTOR PHYSIC	IAN X A	e1st 6 1979
	THE PHYSICIAN'S NAME (TYP		\ (		22e ADDRESS The C	linical Cent	er, Natio	onal
1	Yoseph K		rilau m		Institutes of	Health, Be	ethesda, 1	Maryland
	23a. BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	9/10,	//9 08	aklai	nd Cemetery			sylvania
	14 FUNERAL DIRECTOR ROB HOMES, P.A.	ERT A. H	PUMBHREY	FUL	VERAL.	ERICO BY RECOUNTRAN	ZOD. REGISTRA	ILINATURE



			STATE OF MAR	YLAND				
21	FOR - STATE REGISTRAR		PARTMENT OF HEALTH AN CERTIFICATE O		NE 7 9 REG. N	2 2	2 9	6 9
	ECEASED NAME FIRST	MIDDLE	LAST	2	DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	MARGUERIT			DIER	9-13-7	9		11 AM
3. 9	_	WHITE	5 DATE OF BIRTH	Y YEAR	AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
70	EMALE BIRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COU	NIBAS 1	2 98	BALTIMORE CITY O	YRS OUNTY O	E DEATH	
97	FRANCE	与 FRANC	MARRIED □ NEV	DIVORCED	MONTG		, DENTI	MD
90 103	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			20. USUAL OCCUPAT TYPE OF WORK FOR MOST OF HOUSE	WIFE	126. KIND OF	F BUSINESS OR
	UAL RESIDENCE (IF MURSING HOME OF STATE	TOTHER INSTITUTION, GIVE RESIDENCE TY 13c. CITY O	E BEFORE ADMISSION)	DE CITY LIMITS?	e. STREET ADDRESS			
35	MD MOI		ER SPRING-YES [	NO 🗆	11209	HEAL	4 5	7
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/ 160		E WAR OR DATES)		LBERTE M.	015550	SAME A	LS 13	DAUGHTE
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	underlying couse lost.	DUE TO, OR AS A CON	ISEOUENCE OF	deklar	ce			
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	sow the deceased alive on above, (I) (we) (did) (did no	Cliew the hody effer death	19 <u>79</u> , and that in (1	m() (our) opinion dec	oth occurred on the d	ote and hour o		
	226. SIGNATURE	nehous	DEGREE	ATTENDING	MEDICAL STA		22c. DATE S	SIGNED
	224. PHYSICTAN'S NAME (TYPE O	R PRINT)	22e. ADD		DIRECTOR   PHYSIC	IAN 📗		
1	BARRY ROSE	NBAUM	Ki	ENSINGTON,	MARYLAND			
230	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY	OR CREMATORY	236. LOCATION CITY OF TOWN		YTAUC	= CALSTATE
24	CREMATION FUNERAL DIRECTOR	9/14/79	METROPOLITAN		ALEXAM		All Indiana	INTA
DM 7/78	NAME FRANCIS	S J. COLLINSOR		SEP 1	4 1979	MATERIAL !	PEISTALL	Juc.
	OO UNIV. BLVD., W	SILVER SPRI	NG MARYLAND	451	10.0	1.	20	

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FOR

1 DECEASED NAME

REGISTRAR

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§ )		rginia Y OR TOWN OF DEATH	USA	WIDOWED DIVORCED DIVORCED DIVORCED	Montgome	
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	13a S		ITY 13c CITY OR TOW	Ton, Des of No o	13e STREET ADDRESS 4740 Conn., A	ve., N.W.
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of He 21 is		sow the deceased alive as above ((I) (we) (did) (did no	1 - (1 / .		death accurred on the date and hou	
a F		22b SIGNATURE	View the body offer death.	DEGREE		22c. DATE ŞIGNED/
- ·		A John of	1 Whldler	ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	1 9/17/79
₽ Z-		22d PHYSICIAN'S NAME (TYPE OF	(PRINT)	22# ADDRESS	DIRECTOR   PHYSICIAN	1 11/1/
ORT,		Dehorah			Smm Chunch C	C Ma
# My	22. 0		Goldberg, MD.	AME OF CEMETERY OR CREMATORY	Ing Street, S.	S. Ma.
	/30. B	URIAL, CREMATION, REMOVAL			CITY OR TOWN	COUNTY STATE
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AH-16 20M 15, 4) 7/78	24 W	Burial NERAL DIRECTOR LA CALLACTE PUMP		akwood Cemetery	Richmond  E REC'D. BY REGISTRAR 250. REGIST	

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2ª DATE OF DEATH MONTH

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death certificate be executed within 24 hours after

requires that the

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TTENDING PHYSICIAN: The

TO HOSPITAL

retained by the haspital or attending physician

		tem 8 g535 9, FOR STATE REGISTRAR	/25/ <b>7</b> 9 g			T OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 7	9 REG. N	2	2	9	7	I
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35	13a. S	//la: #	CONTAGNA	13C CITY	OR TOWN	9	134. INSIDE CITY LIMITS? YES NO []	105	EET ADDRESS	mm	+ 4	he		
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		gave rise to immedia cause (a), stating to underlying cause la	the SUE!	O, OR AS A CO	NSEQUENCE	in	ation o	he	mor	na	/	di	y	>
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9		220 I certify that (I) (this saw the deceased all abave, (I) (which) (	ive an	7/4	1979	L, and	that in (my) (out) apinian	death acc	curred an the d	ate and h	. 19_aur and	19, fram the	that (I)	(ve) last
		22b. SIGNATURE	( TO	Nen	man	0	ATTENDING PHYSICIAN	MEDIC	CAL STA	FF CIAN []		9/	SIGNE	79
		224. PHYSICIAN'S NAME	INFE OR PORTS				22e ADDRESS					,	/	
9	23o B	BURIAL, CREMATION, REM	OVAL 236. DA	TE	23c NAM	E OF CE	METERY OR CREMATORY	23d. L	OCATION					

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely filled in by the funit should be detached far use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(SPECIFY) Burial 9/8/79

Middle Village

Lutheran Cemetery 24 FUNERAL DIRECTOR
Stutzmann Funeral M

224-39 Jamaica Ave. 250 DATE & CD-BY REGIS WIN REGIS AND PROPERTY OF THE PROPE

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Y. R. Speller ministry

224--3 James ca ave.

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OLympied OLympied	(	Bethesda	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
Server be	13n S Ma		NTY 134 CITY OR TOWN	SE YES X NO .		Crest , Place
Somine 150	14 FA	ATHER'S NAME FIRST	Street Street	15 MOTHER'S MAIDEN NA EIRST Ellen	ME MIDDLE	Whited
medical	16a V	NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	O. WINFORMANT CO	LL Hill Cre	Place
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OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

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IMPORTANT: If them 21 is morked or them 18 shows any

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA

J. WM. Lee's Sons Co. 300-4th St., NE, Wash., D.C.

AND
MENTAL HYGIEN 9 2 2 9 7 3
DEATH

250 DATE RECION RECISTRAR 256. REGISTRAR'S SIGNATURE

Ι.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME PE OR PRINT)	HELEN		THERINE		RTMANN	SEPTEMBER 2		79	1:00 P.
3 5	FEMALE	4	WHITE		S DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Oa	BIRTHPLACE (STATE COUNTRY)  RK Park, I	llineis		HAT COUNTR	MARRIEI		MONTGOMER	_	Y OF DEATH	MD
10.0	BETHESDA	DEATH 1		HOSPITAL, NUR H FACILITY, GIVE STR AL CENTE	EET ADDRESS)	N THE HESDA, MD.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Staff Fell	F WORKING L		H.
13a	JAL RESIDENCE (IFF STATE NEW YORK	NURSING HOME OR O		GIVE RESIDENCE BEI 134. CITY OR TO NEW YO	NWC	13d INSIDE CITY LIMITS? YES XX NO 🗌	404 RIVERS	IDE D	RIVE	10025
14 F	Ernest		DDLE	Gellho	rn	15 MOTHER'S MAIDEN N	MIDDIE		Obermey	
	WAS DECEASED EV (YES, NO OR UNKNOWN)			166 SOCIAL SE		DR. SVEN HA	ARTMANN, HUSBA		ame as	above)
7		immediate ating the use lost	(b) DUE TO, O (c)		SARCOMA DUENCE OF TASTIC		ORD (T-7 & T-		VEN IN PART 110	o
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MEDICAL CERT	21a, ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY MI 21d. INJURY OCC WHILE NO	CAUSE OF DEATH	P. 21e PLACE	M. MONTH M.	19	21t. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 1B.	HC 760	STATE
		(this hospital eased office and (did) (XXX)	7:	e deceased from 27 19 ofter death.	Septem None	ATTENDING PHYSICIAN 1226 ADDRESS NAT1	MEDICAL STA	FF CIAN (4)	22c. DATE	SIGNED.
23a.	BURIAL, CREMATIC (SPECIFY) Cremation	N, REMOVAL	23b. DATE 9-28-			EMETERY OR CREMATORY  Crematory	23d. LOCATION CITY OR TOWN Washing	gten,	D.C.	STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

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MPORTANT:

P.A., Bethesda, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH MIDDLE FIRST 2b. HOUR DECEASED NAME TYPE OR PRINTS Velma Hatch Sept. 9, 1979 7:08P S. 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HPS MONTH DAY YEAR DAYS HOURS Female Caucasian 16 1906 June To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Montgomery U.S.A. New Hampshire WIDOWED & 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (IF NO 8548 ACILLY GIVE STREET ADDRESS) Lane (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Sales Youth Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE Montg. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Rockville 2898 Glenora Lane 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Ackerman Fred W. Scott Rose ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ronald L. Hatch (Same as 13e) No 005-01-0975 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH Enter only one couse per ling PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ NOV. 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK 22a.1 certify that (I) (the hospital) attended the deceased from sow the deceased alive of and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we I (d d, (did not)) iew the body after death. 226. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL 9 - 10 - 79PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Herman C. Maganzini 50 W. Edmonston Dr. Rockville, Md. 23d LOCATION 23g, BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) 9-14-79 Rural Cemeterv Waldoboro BURTAL Maine 24 FUNERAL DIRECTOR Robert A. Pumphrey. Funeral Homes,

1003 BP\_\_\_\_\_

(VR A 15 (4))

Law deposition 1.3.A. X ... X manus contract and the contract of the contrac Total of Market La Market Tree-10-700

F. C. A. III. Married Street

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o o	the boar	-	10 CI		TH 1	I. NAME OF H		LIDCINI
ţ.	6 3 in		10 0	OK TOWN OF DEA	'''  '		H FACILITY, GIVE	
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of	led led	10	1	SPTHOSE	a	Suk	11124	A
2	e fr		USUZ	AL RESIDENCE HENURS	ING HOME OR C	THER INSTITUTION	GIVE RESIDENCE	BEFORE
, P	P P S	1	130, 5	AL RESIDENCE (# NURS STATE LTyland	Be COUNT Montg	Y		tow
24	allo E	25	LIS	iryland	Montg	omery	SILV	er
G R	sh se		14. FA	THER'S NAME				
3	d 2	07		FIRST	MI	DOLE	EAS	T
P	E 0 3	06		Robert			Hay	
5	0 - 0	,	Iáa V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL	SECU
ă	ogo pa	/	()	res, NO OR UNKNOWN)		VAR OR OATES)		
9	- A E	( )		Yes	LWM	1	None	
ė	n signed by the ottending physicion and completely filled in by the funeral. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hr to burial, cremation, or removal. injury, or other traumatic event, the medical examiner must be notified at once injury, or other			IL CAUSE OF DEAT	H (Enter only	one couse per	line for (a) (	bi, and
õ	bys ove ove			PART I. DEATH W			/	201
Ē	e e e			1 6 -	IMMEDIATE	CAUSE (a)		111
0	din or o			185-		DUE TO O	R AS A CONS	EOUE
5	e co		1	Condition	4 . 4	1	R AS A CON.	3E WUE
9	of of or				which nediate	(p)		
the	em en			couse (a), statin		DUE TO O	R AS A CONS	SEQUE
ō	oth oth			underlying cause	last.	1		
	o le o	- 1				(c)		
i i	bu bu		7	PART 2 OTHER SIGN	VIFICANT CO	onditions <u>co</u>	ONTRIBUTING	GIOD
5	S 전 의		ō					
3	rio r		¥	190 DATE OF OPERA	ION	196 COND	TION FOR W	/HICH
0	e p	9	5					
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deam; Page 4 may be signed or attending physician	d to o	1	CERTIFICATION					
7 Sic	Hyg 8 sh		E	21g. ACCIDENT WAS UND	DERLYING	216. TIME O		
4	10	9			AUSE OF DEAT	1		H DA
0 0	ent her	/	2	(IF EITHER, NOTIFY MEDIC		P.,		
attending physician	o A S		MEDICAL	21d. INJURY OCCURE	RED	21e PLACE		reice .
)	the one		E	WHILE NOT WE	HILE	(AI HOME, STR	REET, FACTORY, C	PPICE, FA
	IOR. After this certificate has been signed by the attending physician and completely filled in by the funeral for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 of Health and Mental Hygiene prior to burial, cremation, or removal.  21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner myst be notified at one.			AT WORK AT WO				
ō	eo eo			22a.l certify that (I)	(this_bospite	d) ottended the	e deceased f	rom_
Dita	0 5 T			saw the decease	d alive an_	SEPI	10	197
osp	B + d			obove, (I) (we) (c	did) ( <del>did 1101</del> )	view the body	ofter death.	
- E	che Che Pep			226. SIGNATURE	10	B	1 1	
the	te C			Sel11.11	> -	100	TINTO	1
by by	Sto Z-			228. PHYSICIAN'S NA	ME ITYPE OF	RINT)	ucul e	-
to HOSPITAL SECTION of the Hospital	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORTANT: If Rem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at any			A / / LL	THE ORI	2 /		/
Dine	P Sulc			UELU,TT	Æ.	DEL.	AWY	CP
reto	5 4 3 ₹-	1-1-1	73n 0	SURIAL, CREMATION,	PEMOVA!	23b. DATE		23c N
-			(5	SPECIFYBURIAL	MEMOVAL	9/13/1	000	
) RP	•			Durtat		7/10/1	979	Uı

24 FUNERAL DIRECTOR

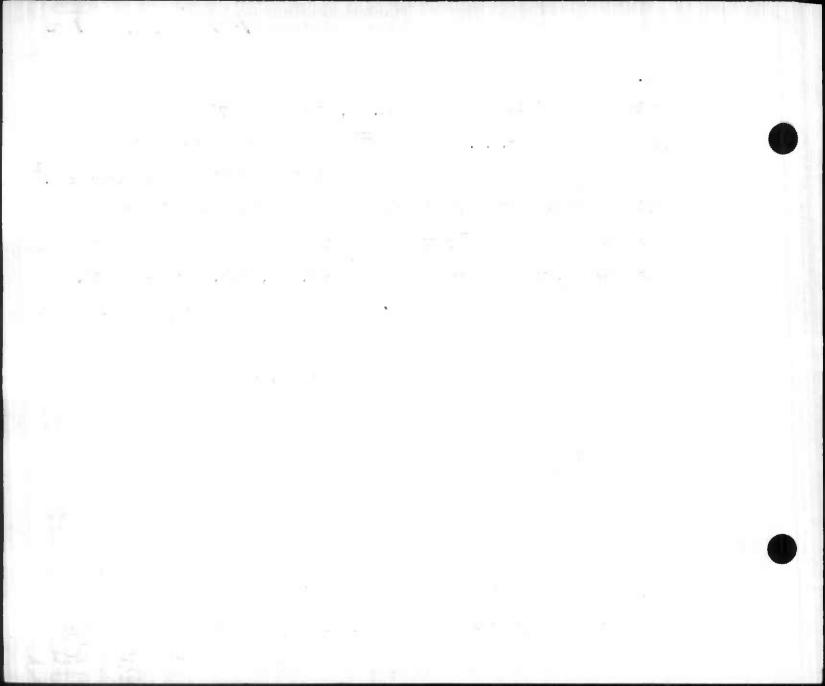
DHMH-16 20M (VRA 15, 4) 7/78

FOR - STATE REGISTRAR

DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2	2 9	7 5
MIDDLE	U	AST	2e DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
	H	AY	S	rept	10 79	7:40 P M
	5. DATE O		& AGE   IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Oct.	24, 1902	76	YRS.	MONTHS DAYS	HOURS MIN
WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
.A.	WIDOWE	D DIVORCED	Monta	om	CRY	MD.
		ROTHER INSTITUTION	12 USUAL OCCUPATI	ON	12b. KIND (	OF BUSINESS OR
OURE	A N	Hospital	Civil Eng	ginee:	r Power	Comm.
I3C CITY OR	BEFORE ADMISSION) TOWN OF Spring	13d. INSIDE CITY LIMITS?	14809 Linds			
		15 MOTHER'S MAIDEN NAM				
Hay	Т	Lisette	MIDDLE		Hay	S1
	SECURITY NO	17 INFORMANT	ADDRE	SS	Hay	
None		Laurae H. Hay	. Wife Sar	ne as	item 7	3.
line for (a), (	b), and (c).	· · · · · · · · · · · · · · · · · · ·			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
(		OMA OF	PRISTATO	0	3	years
	SEQUENCE OF					
ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART I	01
ITION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES ES	
F INJURY M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR		Y IN ITEM 18,	PART 1 OR PART 2)	
M.	19					
OF INJURY REET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN.	COUNTY	STATE
e deceased f	rom	19 50	to SEPT	10	10 79	that (I) (we) last
ofter death.	- 6	d that in (my) (ewr) apinian o	death occurred on the do	ate and ha		
1	, [	PEGREE			22c. DATE	SIGNED
austo	y mi	ATTENDING PHYSICIAN	MEDICAL STAF		Sap	110,1979
A 1 1 1	10-1-	220 ADDRESS 5500 FRICA	11: 01	1 ch	an chi	e p he ./
AWY	CRMI)				9 -11	ot ma
		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	•	COUNTY	STATE
979	Union (	omotows	Leachin	200	17-1 2000	inia

23b. DATE JOSEPH GAWLER'S SONS INC.

5130 WISE. AVE., N. W. WASH., B. C. 20010 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



	2000	June C
	S PHYSICIAN The low requires that the deoth certificate be executed within 24 havin piter death. Page and sistending physician.	er this certificate has been signed by the ottending physician and completely filled in by the funeral director
0	a ple	by the f
ND 21	24 hou	filled in
ARYLA	with a	pletely
AORE, A	execute	ond con
BALTIN	core be	ysicion
ON ST.,	h certifi	d build
PRESI	the deot	he offer
201 W	es that	ed by
VISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARYLAND 21201	require	een sigr
r AL REC	The low	e hos b
OF VII	3 PHYSICIAN The offending physicion.	ertificot
VISION	G PHYS	er this o

TTENDIN

TO HOSPITAL

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 4

IDECEASED NAME	8	1 -	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE / 9	2 2	, 4	1 6
TAKOMA PARK SIJAN RESIDENCE IS NUMBERO CONTROLOR MANAGE PROSTRIAL NUSSING HOME ROST INTO TOWN OF DEATH  WOONED BY DONGCED WOONED BALLY WOONED BY DONGCED WOONED BY DONGCED WOONED BY DONGCED WOONED WOONED BY DONGCED WOONED BY DONGCED WOONED BY DONGCED WOONED BALLY WOONED BY DONGCED WOONED BY DONGCED WOONED BY DONGCED WOONED WOONED BY DONGCED WOONED BALLY WOONED WOONED BY DONGCED WOONED WOONED BY DONGCED WOONED BY DONGCED WOONED WOONED BY DONGCED WOONED WOONE				ST	ANISLIUS	HE	ALEY			19 YEAR 19	76. HOUR /:45
TAKONA PARK  SITO CARPENS NUMBER OF CONTROL OF WHAT COUNTRY OF DEATH  U.S. A.  WOOWED DV  DOORED DV  DV  DOORED DV  DV  DOORED DV		3 SE							MON		IF UNDER 24 HR
TAKOMA PARK  IT IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IT WHO IN SUCH ACUSTO OF SHEET ADDRESS  TAKOMA PARK  IT IN NAME OF HOSPITAL, NURSING HOME OR OTHER RISTITUTION  IT WHO IN SUCH ACUSTO OF SHEET ADDRESS  IT IN SUCH ACUSTO OF S	375	0.1	The same of the sa			MARRIE	NEVER MARRIED		OR COUNTY OF	FDEATH	
USUAL RESIDENCE   PINUSING HOME OF DIVER RISTRUTION OF RESIDENCE MORE ADMISSION   136 STATE   136 COUNTY   32 CITY OR TOWN   136 CITY OR TOWN   13	200	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET	G HOME C	R OTHER INSTITUTION	17a USUAL OCCUPA TYPE OF WORK FOR MOST	TION OF WORKING LIFE)	INDUSTRY	
The Date of Operation    Father's Name   First   Mode   First   First   Mode   First   First   Mode   First   First   Mode   First   First   First   Mode   First   Fi	must be	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COUR	R OTHER INSTITUTION	130 CITY OR TOW	ADMISSION)	134. INSIDE CITY LIMITS?	130 STREET ADDRESS	5		
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)  PART I, DEATH WAS CAUSED BY.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o); stofring the underlying couse lost  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to  17	Sommine So		THER'S NAME FIRST		LAST		15 MOTHER'S MAIDEN NAME FIRST	ME	F.		
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic:    PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE of DEATH (Enter only one couse per line for (o), (b), and ic:   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE of DEATH (Enter only one couse per line for (o), (b), and ic:   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE of DEATH (b)	medicoh	()	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT DAU	OHILK			-
196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. MONTH DAY YEAR (IF ITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT WORK NOTIFY MEDICAL EXAMINER) 716 THOME, STREET, FACTORY, OFFICE, FARM, ETC) 717 THOME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) 718 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) 719 77 THOME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) 719 77 THOME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) ON THE PART OF INJURY IN ITEM 18, PART I	or other troumoti		gove rise to immediate couse 101, stating the underlying couse lost	(b)	DR AS A CONSEQUE	NCE OF	y nehis	wir whosis	1	5 pol	unts
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTION CAUSE OF DEATH  OR CONTRIBUTION CAUSE OF DEATH  OR CONTRIBUTION CAUSE OF DEATH	ows ony injury,	TIFICATION						20a AUTOPSY?	20b. IF YES, W	VERE FINDING	GS USED OF DEATH?
272. I certify that #2 (this hospital) attended the deceased from 8 2 3 19 7 3 to 9 2 1 - 19 2 7, that #4 (we) sow the deceased alive on 19 7 9 and that in (wy) (aur) apinion death accurred on the date and hour and from the causes states obove, thr (we) (did) (did not) view the body after death.  272. DATE SIGNATURE  DEGREE  272. DATE SIGNED	tem 18 sh		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	.M. MONTH DA		71c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	IURY IN ITEM 18, PART	I OR PART 2)	
so the deceased alive and parties the beloase training and that in (my) (aur) apinion death accurred on the date and hour and from the causes states above, through (did) (did not) view the body after death.  DEGREE  220. DATE SIGNED  ATTENDING MEDICAL STAFF	0	MEDI	WHILE NOT WHILE			ARM, ETC }		CITY OR TO	NWC	COUNTY	STATE
276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 22. DATE SIGNED	21 is mc		sow the deceased alive or	9-2	197		, 17	to 9-2/ death accurred on the	date and hour or	· ·	hat (# (we) l ouses stated
SERUCH KIMBLE 270 ADDRESS  990/ Allender Land Aming				Kunk	Il mp		ATTENDING	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	22c. DATE S	1-79
	PORTAL			,			9901 As	majo (m	Salar	uda	ung 1

BURIAL

9/24/79 GATE OF HEAVEN

STATE

DHMH-16 20M (VRA 15, 4) 7/7B

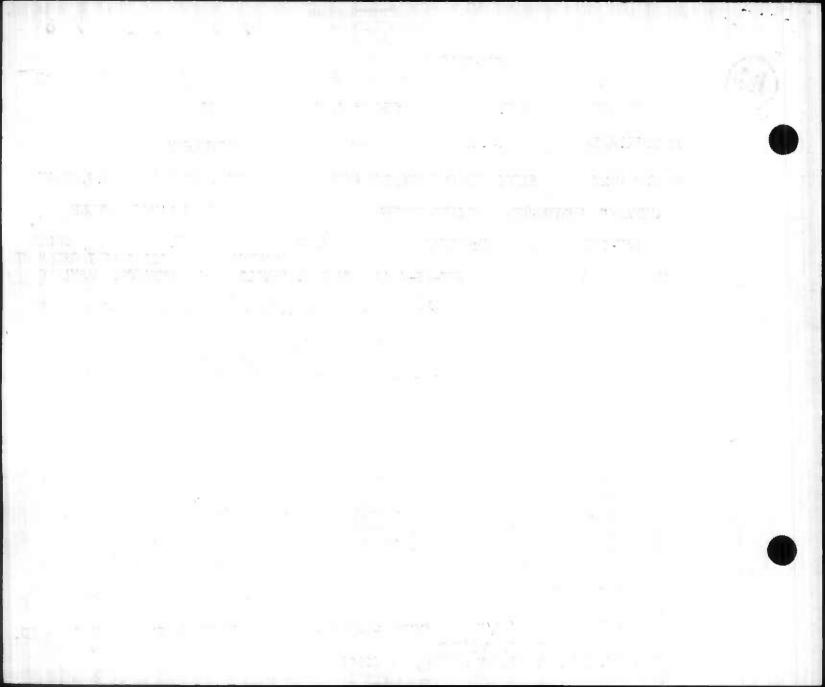
TO FUNERAL DIRECTOR: Aft

74 FUNERAL DIRECTOR FRANCIS J. COLLINS: 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

STLVER SPRING MONT

258. DATE REC.D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

MD.



9	10-	FOR STATE REGISTRAR		EPARTMENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	1 <b>Eÿt</b> 9 2 2	9
L	e ‡ 3	1. DECEASED NAME FIRST (TYPE OR PRINT) Robe.	rt Dever		on, Sr.	20. DATE OF DEATH MONTH	DAY YEAR <b>79</b>
	(M)	3. SEX Male	Black	S DATE (		6. AGE (IN YEARS LAST BIRTHDAY)  65  YRS	IF UNDER 1 YE
	leath. In 72	76 BIRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	UNTRY?   8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Montgomery	Y OF DEATH
6	by the fulled with	Olney	Mon Egome		Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  Laborer	125 KINE INDUSTI
4ND 212	filled in nould be	USUAL RESIDENCE (IF NURSING HOME C 130. STATE 13b. COU Md. Mor		NCE BEFORE ADMISSION) OR TOWN CKVIIIE	13d. INSIDE CITY LIMITS? YES X NO	215 Ashley A	venue
MARYLAND	mpletely ond 2 sh	14 FATHER'S NAME FIRST Robert G	. Hebron	LAST	IS MOTHER'S MAIDEN NAME AND SERVICE MAINTAINS	a Payne MIDDLE	
BALTIMORE,	an and co	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GT	VE WAR OR OATES)	-24-0424	17 INFORMANT	ADDRESS  n (wife) same as	#13
ST., BALI	rtificate   3 physicio an popers emaval.	DARTI DEATH MAC CALL	only one couse per line for to	(b) and (c)	rrest		BETWE
PRESTON	deoth ce ottending ove carbu fian, ar r	436 - Conditions, if any, which	DUE TO, OR AS A CO		stroke		3
×	that the d by the ease rem of, crema	gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CO	NSEOUENCE OF	1		
20	Se policie	DART 2 OTHER SIGNIEICANIT	CONDITIONS CONTRIBUT	NC TO DEATH BUT	NOT BELATED TO THE TERM	IN AL DICEASE OR CONDITION OF	/ENLINLDADT

as #13 ION GIVEN IN PART 110 should be detoched for use as the burial-tronsit permit. The with the State Dept. af Health ond Mentol Hygiene prior to be MEDICAL CERTIFICATION IMPORTANT: If Hem 21 is morked ar Item 18 shows ony 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? OR ATTENDING PHYSICIAN: The law After this certificate has be IN CERTIFYING CAUSES OF DEATH? 10w YES [ TIS. TIME OF INJUR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. INJURY OCCURRED 211. LOCATION CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22s.1 certify that (I) (this hospital) ath that (I) (we) lost TO FUNERAL DIRECTOR: etained by the hospital and that in (my) (our) opinion death occurred on the date and hour and from the causes stated MEDICAL DIRECTOR ATTENDING STAFF TO HOSPITAL PHYSICIAN 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Rokkville, Montg. Md. Burial 9-10-79 Lincoln Park Cemetery 246 N. Washington St. Rockville, Md. 20850 DHMH - 16 50M 1/76 George R. Snowden (VR A 15 (4))

2b. HOUR

126 KIND OF BUSINESS OR

12:35A

MD

IF UNDER 24 HRS

DAYS

IF UNDER I YEAR

INDUSTRY

semode.1 fonta. Pockville x 215 Ashlev Avenue italinda Payme Torrest , A desirer un II 218-24-0424 Helen Hebron (wife) same as 413 Surfal 9-10-79 Lincoln Part Cenetary Dagley I've Tonte. Converse P. Sunwher Cockyttle, Md. 20850 bhysician and campletely filled in by the funeral director, papers. Pages 1 and 2 shauld be filed within 72 haurs aft

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	9	7	8
	100		-	

- STA	STRAR		CERTIFICATE OF DEATH	REG. NO.						
1. DECEASE		othy M.	Heffernan	September	10 110 011					
3. SEX	male	Caucasian	Feb. 19 <sup>a</sup> , 19 <sup>e</sup> 20	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER : YEAR IF UNDER 24 HOURS M					
	ington DC	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Mon tgome						
	er Spring	11. NAME OF HOSPITAL, NURSIN 1607 Brisban		120 USUAL OCCUPATION (TOPE OF WORK FOR MOST OF WORK SECRETARY	(ING LIFE) 12b. KIND OF BUSINESS					
13a STATE	13b COU			13e. STREET ADDRESS 1607 Bris	bane Street					
14 FATHER	FIRST A	rthur McCoy	Minnie	MIDDLE S.	Stephens					
	ECE ASED EVER IN U.S. AR OR UNKNOWN) (16 YES, GIV	E WAR OR DATES)	4482 James Hei	ADDRESS Efernan same	e as item 13					
18 C	18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant Brain Tomor									
	ditions, if any, which	DUE TO, OR AS A CONSEQUE	e Pisorder		1974					
COU	e 101, stating the erlying cause last	DUE TO, OR AS A CONSEQUE	Thrombotic Thro	m be ento penic	Purpura 1971					
			DEATH BUT NOT RELATED TO THE TER							
Z # (	ATE OF OPERATION	Malignant		YES NOX	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)					
	CCIDENT WAS UNDERLYING DUTRIBUTING DAUSE OF DE.	ATH HOUR A.M. MONTH DA	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITI	EM 18, PART 1 OR PART 2)					
2	NJURY OCCURRED  E NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE					
	ow the deceased alive on	10 ottended the deceosed from	8-31-74 19	death occurred on the date or	d hour and from the couses stated					
	2010	nik III MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED 9/6/79					
22d F	HYSICIAN'S NAME (TYPE C George B.	Patrick III,	M.D. 22e ADDRESS 9221 Cole	esville Rd.	S.S. Maryland					

23(. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/76

TO HOSPITAL

ATTENDING PHYSICIAN: The attending physicia

> PUMBLIFIED FUNERAL HOMES, P.A. BETHESDA, MARYLAND (VR A 15 (4))

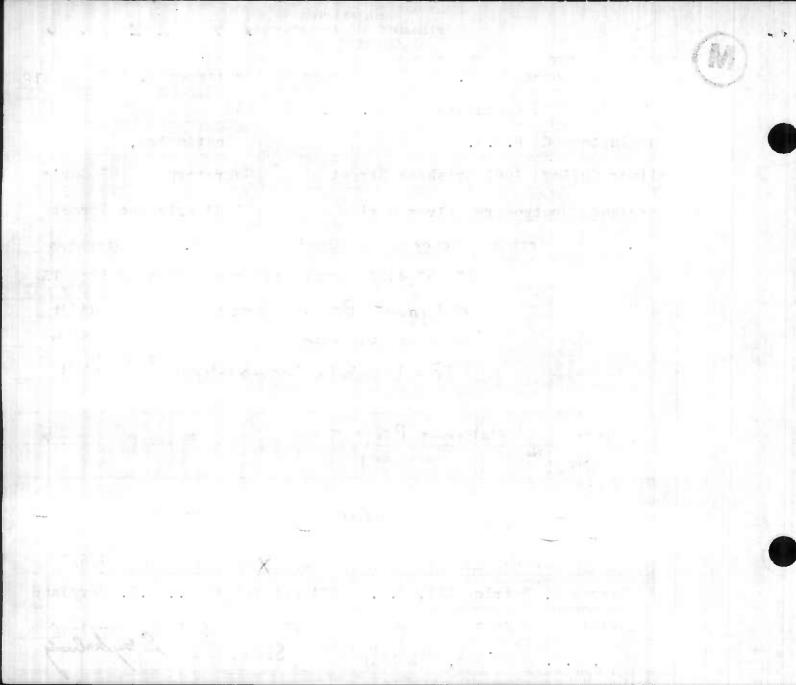
23b. DATE

9/8/79

230. BURIAL, CREMATION, REMOVAL (SPECIFY Burial

atory 23d location city or town Rockville Parklawn Memorial

Mary land



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X	
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-	

in by the funeral be filed within 72

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physicio

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and Mental Hygiene prior

of Health

morked or Item 18

MPORTANT: IF

CERTIFICATION

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prieumonitis

#### FOR 1 STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-			10.00	
9	2	2	4		- 0
	<b>Garage</b>	dies			

REGISTRAR			CERTIFIC	ATE OF D	EATH	REG.	NO.				
1 DECEASED NAME (TYPE OR PRINT)	Leo Leo	MIDDLE	Hei	tler		2a DATE OF DEATH	MONTH 9	20	YEAR 79	2b HO	UR OL
3 SEX		4 RACE	5. DATE OF I	BIRTH	YEAR.	6 AGE (IN YEARS LAST B	IRTHDAY)	IF UN	DER I YEAR	HOURS	R 24 HRS
MALE		WHITE	JUNE	17,	1903	76	YF				
70 BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED 8	NEVERA	AARRIED	9 BALTIMORE CITY	OR COU	NTY OF E	HTASC		

CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY KITCHEN HELP RESTAURANT HEBREW HOME OF GREATER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 136 CITY OR TOWN 1134 INSIDE CITY LIMITS? 1136 STREET ADDRESS

MARYLAND	MONTGOMERY	ROCKVILLE	YES X NO	6121	MONTROSE	ROAD
14 FATHER'S NAME			15. MOTHER'S MAIDEN NAME			
ALA V	WIDDLE	HETTIED	AUCHOTTMA		WIDDLE	EDOTDIOL

WIDOWED

EKSTRIGEL MAX HELLLEK AUGUSTINA 1174 CHISWELL LANE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIÁL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 579-42-9382 LESTER ROSENBLUM

DE OF DEATH (Enter only one couse per line for (o), b), and (c)  1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CO CO POPO VOSCULOS THRONDOSIS TO TO MEMICANOSIS	BETWEEN ONSET AND DEA
Due to, OR AS A CONSEQUENCE OF DIE TO SUPERIOR CONTROL OF CONTROL	undetermined
DUE TO, OR AS A CONSEQUENCE OF  One couse lost  One energy and arterios deros is	undetermined

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION /	1%. CONDITION FOR WHICH OPE	RATION	I WAS PERFORMED	YES [	NO X	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	21c. HOW INJURY OCCURRE	O (ENTER N.	ATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION				

MEDICAL STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (+ (this hospital) attended the deceased from that H+ (we) lost

sow the deceosed alive on 412-0 obove, (1) (we) (did) (and not) view the body after death.	.19 -79 , and that in (my) (our) opinion death oc	curred on the date and hour and from the causes stated
22b. SIGNATURE	DEGREE	22c. DATE SIGNED

ATTENDING

MEDICAL

11 Jaurice Spanis	PHYSICIAN DIRECTOR PHYSICIAN	]
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	
14 .	0.0111	

1	Maurice Fran	Ks, MD,	6121 Montrose Rd, Kockville, Md. 20852
- 1	238. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
	BURTAL	9/20/1979	KING DAVID MEMORIAL GARDEN FALLS CHURCH VIRGINI

24 FUNDIONALEDOM. STEIN HEBREW MEMORIAL FUNERAL HOME 250 8 FEDERO BY REDIGIRAR 250 REPORTER AS SIGNATURE 232 CARROLL STREET, N.W., WASHINGTON, D. C.

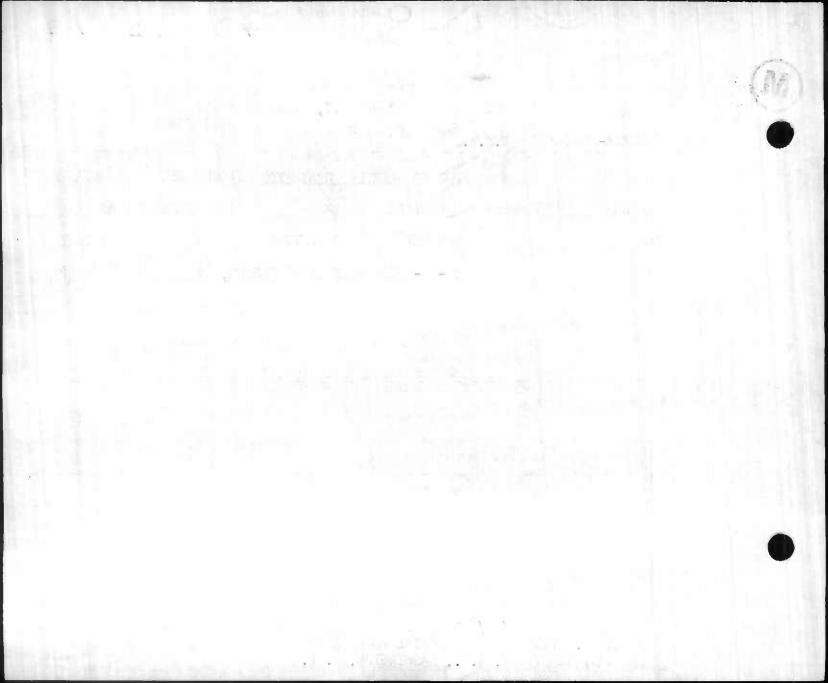
should be detoched with the State Dept. 0

PHYSICIAN. The

ATTENDING

DHMH - 16 60M 1/75 (VR A 15 (4))

DIRECTOR



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-7.0	
and the same of	

nding physicion ond campletely filled in by the transcorpaners. Pages 1 and 2 shauld be filed

in signed by the ottending physicia Then please remave carban papers.

equires that the death

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

retained by the haspital ar attending physician

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

morked or Hem 18 shows any

IMPORTANT: If Item 21 is

injury, ar other traumatic event, thi

# STATE OF MARYLAND

1 -	STATE REGISTRAR			DE		ICATE OF DEATH		EG. NO.	, , ,	, 0	
	CEASED NAME	FIRST		MIDDLE	l.	AST	20 DATE OF DEA		DAY YEAR	26. HOUR	
(III	OK PRINT)	Josep	hine	F.	HICKM	AN	Septem	mber 21	1979	1020A <sub>M</sub>	
1 SE	X		4 RACE		5 DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR		
	Female		Caucas	an	Marc		51	YRS	MONTHS DAYS	HOURS MIN	
Ja Bi	IRTHPLACE (STATEO	R FOREIGN	76. CITIZEN OF	WHATCOU	NTRY? 8	DX NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	-	
	ennsylvan	ia	USA		WIDOWE		Montgo	ome <b>r</b> v		MD.	
	ITY OR TOWN OF D				JURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCC	UPATION		OF BUSINESS OR	
E	Bethesda				al Medic	al Center	Housew	MOST OF WORKING LIFE	E) INDUSTRY		
USU.	AL RESIDENCE (IFN	URSING HOME OR	OTHER INSTITUTION		E BEFORE ADMISSION)	13d INSIDECITY LIMITS?	13e. STREET ADD				
	irginia	The same of the sa	rfax		andria	YESXX NO X		riscilla	Lane 2	2308	
	ATHER'S NAME					15 MOTHER'S MAIDEN N.	AME				
	Joseph	<i>'</i>	AIDDLE	Krem	-	Pauline		A DDLE	Cera		
16a V	WAS DECEASED EV	ER IN U.S. AR	MED FORCES?		L SECURITY NO.	17 INFORMANT		ADDRESS	001		
(	YES, NO OR UNKNOWN)	1949-	- 1952	175	22 1008	William J.	Hickman	See item	13		
				line for in i						IMATE INTERVAL ONSET AND DEATH	
	18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	BY- E C AUSE (o)	Acu-	te mvoc	ardial infa	arction	complic	afing	ONSET AND DEATH	
	410-	IMMEDIAI				chronic re		Ture			
	Canditions if a	ny which	DUE TO, C	R AS A CON	ISEQUENCE OF						
	gove rise to i	Conditions, if any, which gove rise to immediate									
		couse Io , stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									
	PART 2 OTHER SI	GNIFICANT C	ONDITIONS C	ONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	CONDITION GIV	EN IN PART 1	0	
NO											
MEDICAL CERTIFICATION	19a DATE OF OPER	RATION	196 CONDITION FOR WHICH OPERATION WAS PERF			N WAS PERFORMED	200 AUTOPSY		, WERE FINDI		
TEK							YES NO		YING CAUSES	NO	
CER	210. ACCIDENT WAS		216. TIME C			21c HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM 18, P	ART 1 OR PART 2)		
A	OR CONTRIBUTING		111	M. MONT	H DAY YEAR						
DIC	21d. INJURY OCCU		21e. PLACE	OF INJURY		21f LOCATION STREET					
ž	WHILE NOT	WHILE WORK	(AT HOME, ST	REET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY	ORTOWN	COUNTY	STATE	
	22-1 415	La cata trans	al) ottended th	ne deceased	from May 2	3 19 78	B to Sen	t. 21	19 79	that/(1) (we) last	
	saw the dece	ased alive an	Sept.	21	19 790,01	nd that in/(n/y) (aur) apiniar	death occurred an	the date and hou	r ond from the	causes stated	
	22b SIGNA	1 99	wew the body	offer death	M	DEGREE			22c. DATE	SIGNED	
	ATTENDING MEDICAL STAFF										
	22d. PHYSICIAIN'S	PHYSICIAN DIRECTOR PHYSICIAN SINAME INTERNAL Sept. 21 1979									
	Lawnon		Pahan A	4 D		National Na	aval Medio	cal Cente	er. Bet	hesda.Md.	
730 5	Lawrence BURIAL, CREMATION		Bohan, N	1. U.	123, NAME OF C	EMETERY OR CREMATORY			, 501		
23u t	Burial	N, KEMUVAL	9/25/	1070			CITY OR TOV	VN	COUNTY	STATE	
	UNERAL DIRECTOR	11.1	9/25/	19.19	a ringi	on National	TE REC'D. BY REGIS	gton Arij	ngton	Va.	
27 1	NAME	Hald	oncer	uo to	avandnia		SEP 2 6 1	979	intray /	ready	
	DeMai	ne run	eral Ho	IIE AT	exandria	, va.	AFT IN O I			30.4	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

	/			CEASED NAME FIRST		MIDDLE	LAST			28 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(M)		TYPE	ORPRINT) Willio	m	E	HIN	ST	2		7-2	15-79	719
		,	3. SE	(	4 RACE		5. DATE OF			& AGE   IN YEARS LAST BIR	(YAGHT	IF UNDER I YEAR	IF UNDER 24 H
	e ecto		Ma	le	Cauca	sian	Oct	ŝ	1922	56	YRS	MONTHS DAYS	HOURS MI
	P P P	ė.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1	E NEVEDA	AARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
	un 72	6 V		consin	USA		WIDOWED	Dr.	ORCED	Mo	11-80	meres	le-
	er er	P	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INST	ITUTION	12a USUAL OCCUPAT TYPE OF WORK FOR MOST O			F BUSINESS
201	by th	1070	15	rethesda	3	drude	an It	+10go-	-af	IRS	WORKING !	U.S.	Govt.
213	hours d in b be fil	t be	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUL		GIVE RESIDENCE BEFORE		IL INSIDE C	TY LIMITS?	13e STREET ADDRESS			
2	24 l filled ould	No.	ar	yland Mon		Rockvil		YES	NO 🗌	2195 Cant	terhi	irw War	r
ΥLΑ	thing sely	- Local	14. FA	THER'S NAME					MAIDEN NAM	AE		•	
MARYLAND 21201	ond to	\$51	C	harles .	WIDDLE	Hintz		Gert	rude	MIDDLE		Gavit	i
m,	o P	dicol		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO I	7 INFORMA	NT	ADDR	ess Sa	ume as	(13a)
TIMORE	on one	aed.	Y	ES, NO OR UNKNOWN! WY L	L	388-18-	-6119	Mrs.l	H.Hint	z.2195 Ca	nter	bury W	lay
SALI	ote l	٠. <del>پ</del>		18. CAUSE OF DEATH (Enter of					1	-		BETWEEN	MATE INTERVAL ONSET AND DEAT
Ē	phy npo mov	ven		PART I. DEATH WAS CAUSE	ED BY. TE CAUSE (a)	1 ce som	aston!	y a	met				
S Z	ding orbo	tic e	0.0	491-	_	2 45 4 600 1550 115	uce or (	^					
STO	deoth ottendi ove co- tron, o	£		Conditions, if any, which	DUE TO, Q	AS A CONSEQUE	MYS In	. Low to	1. (1)	mlne			
PRESTON	the of the of remove	fro		gove rise to immediate	) (6)_		4						
3	that the distribution of the second of the s	other		couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF						
201	ed the	0		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO F	SEATH BUT NO	OT BELATED	TO THE TERM	INIAI DISEASE OR CON	DITIONIC	N/ENI INI DART 11	
RECORDS,	n sign Then r to bu	injury	CERTIFICATION	AS141)	CONDITIONS CO	OMINIBOTING TO E	<u> </u>	OT KELATED	TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN FART I	01
8	beer mit prior	ony	7	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20s AUTOPSY?		ES, WERE FINDI	
7	he k on. hos t per	302	TE							YES NO	A	ES [	NO [
É	N. T nysici cote cote fonsi Hygi	9 sho	1 8	21a ACCIDENT WAS UNDERLYING	110110 4			TE HOW IN	JURY OCCURR	ED JENTER NATURE OF INJU	RY IN ITEM 18,	PART 1 OR PART 2	
P.	Ph Ph Ph Ph Ph Ph Ph	E /	AL.	OR CONTRIBUTING CAUSE OF DE	Altr	M. MONTH DA	19						
Z	ding ding	or He	MEDICAL	21d INJURY OCCURRED	21e PLACE			II LOCATIO	N				
DIVISION OF VITAL	the the bad	pa	¥	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR TO	MN	COUNTY	STATE
á	Afte of the	Pork		AT WORK - AT WORK -			C 1 -	7	1'-	G.1	21	10 79	d
	P C C C C C C C C C C C C C C C C C C C	.5		220. I certify that (I) (this hosp saw the deceased alive or	11. 11.1	/ "7	90	ab a dia casa	_, 19 <u></u>	, 10	-441-	., 19,	that (I) (we) I
	Spit CTC d fo	n 21		above, (1) (we) (did) (did no		after death.			(our) opinian c	leath occurred an the d	ote ona no		
	e ho	¥ e		226. SIGNATURE	= 10.	. 440	DE	GREE	TTENDING	11501611 574		22c. DATE	SIGNED
	by the by the ERAL I e deto Stote I	=		Kunt	. 50	Y	1	Î	TTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	(-)/	25/19
	d by	Y Y		224 PHYSICIAN'S NAME ITYPE		lass		22. ADDRES		0 10	0 . 1		
	ound ould	PORT		KIRK 1- 1	= L UN	my M.	D	941	U UL	al Sevi	100	M	
	0 % 5 % \$	§	-										

236. DATE

9-27-79

DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR .W. Chambers

23a. BURIAL, CREMATION, REMOVAL

Removal

FOR

- STATE

REGISTRAR

Silver Spring, Md.

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Georgetown Med Sch Washington 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

23d. LOCATION

REG. NO MONTH

STATE

that (1) (we) last

2b. HOUR

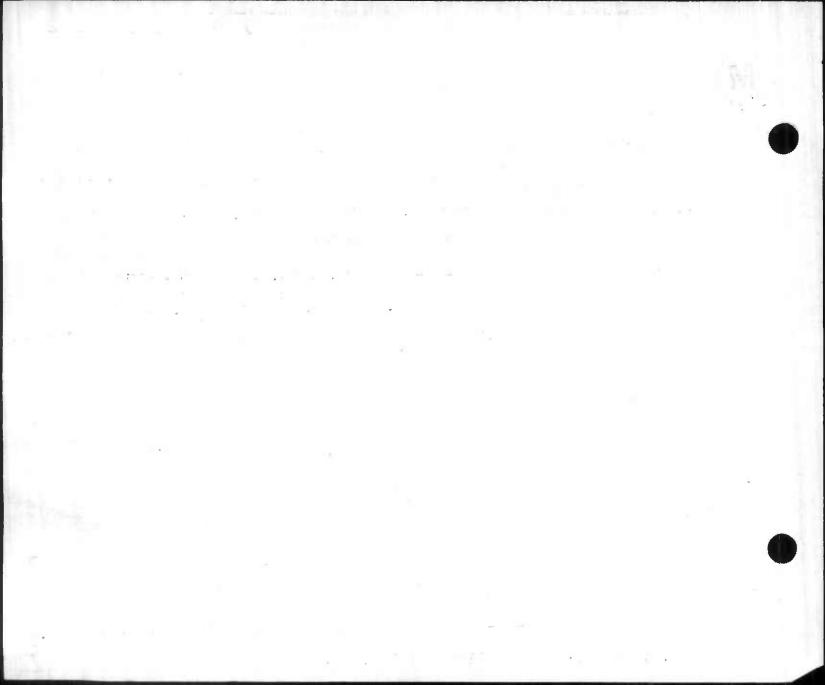
126 KIND OF BUSINESS OR U.S. Govt.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

YEAR

COUNTY



on been signed by the offending physician and campletely illed in by the near French places remove carbon popers. Pages 1 and 2 should be filled with pract to burial, cremation, or removal.

	- STATE REGISTRAR			CATE OF DEAT		PEC NO	fice 6		4
	ECEASED NAME FIRST	MIDDLE	LA	ST	20. D	REG. NO.		DAY YEAR	2b. HOUR
(TYPI	E OR PRINT) Baby	y Boy	Hi	11	N	lay 9, 197	70		6:05A
3. SE		4. RACE	5. DATE O			E (IN YEARS LAST BIRTHE		IF UNDER 1 YEA	
	Male	Black	15°NTH	<b>9</b> <sup>AY</sup>	79		YRS.	MONTHS DAY	
	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARR	IED L	Montgome	COUNT	Y OF DEATH	
	Olney	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Montgomery Gene	ADDRESS)	R OTHER INSTITUT		SUAL OCCUPATIO OF WORK FOR MOST OF V	N	12b. KIND INDUSTR	OF BUSINESS
130.	Maryland Mont	other institution, give residence befor ITY 13c. CITY OR TOW gomery Gaithert	/N	138. INSIDE CITY LI YES MO	D 17	reer address 841 Layto	nsvi	lle Ro	l .
14. F	ATHER'S NAME FIRST	AIDDLE LAST		15 MOTHER'S MAI	DEN NAME	WIDDLE			AST
	WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRES	S		
	1/14/0	E CAUSE (o) CHILD (U		LONARY	INMA	1012119	-		
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE   b  PREM  DUE TO, OR AS A CONSEQUE	ENCE OF	ty /	<i>  N 14  </i>	-1012119			
NOI	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b) PREM	ENCE OF	ty /	HE TERMINAL C	ISEASE OR CONDI	ITION GIV	VEN IN PART	1(0)
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CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (b) PREM  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO (1)  19b. CONDITION FOR WHICH	ENCE OF  DEATH BUT N  OPERATION	HOT RELATED TO T	20a	. AUTOPSY?	20b. IF YE IN CERTII YE	S, WERE FIND FYING CAUSE ES	DINGS USED ES OF DEATH?
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-	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT C  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (I) (this hospit sow the deceosed alive on above, (I) (we) (did) (did not on above on abo	DUE TO, OR AS A CONSEQUE  (b) PREM  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO E  19b. CONDITION FOR WHICH  P.M.  21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  al) attended the deceased from  19  view the bady after death.	ENCE OF  ENCE OF  DEATH BUT N  OPERATION  AY YEAR  19  'ARM, ETC.)	NOT RELATED TO T  I WAS PERFORMED  21c. HOW INJURY  21f. LOCATION STREET  , 19  I that in (my) (our) EGREE  ATTEN	OCCURRED (EI	AUTOPSY?  NO  NTER NATURE OF INJURY I  CITY OR TOWN  CCCUrred on the date	20b. IF YE: IN CERTII YE IN ITEM 18, I	S, WERE FIND FYING CAUSE S COUNTY  19 27 and from th	STATE

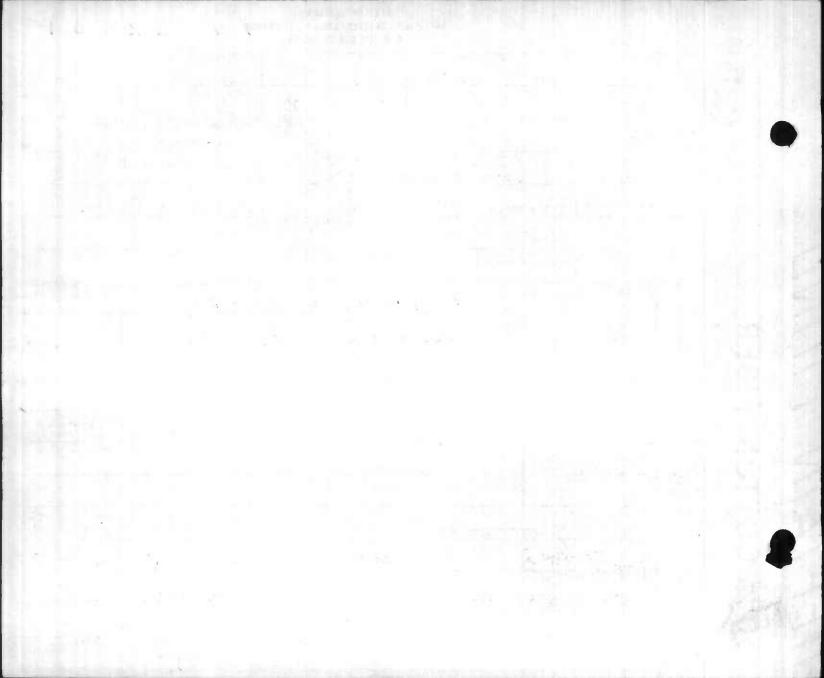
ADDRESS

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/73 (VR A 15 (4))

24. FUNERALDIRECTOR



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## STATE OF MARYLAND

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6	6	1	Q	9

FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	6 4	7 0	3
1. DECEASED NAME FIRST (TYPE OR PRINT)	rge F.	MODIE Hoban		LAST		MONTH DA	AY YEAR	26. HOUR 7:40 A
3 SEX Male	1 RACE Cauca		5. DATE O		6 AGE (IN YEARS LAST BIRT	YRS.	FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
76 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Pennsylvania		WHAT COUNTRY?	8. MARRIE WIDOWI	D X NEVER MARRIED   DIVORCED	9 BALTIMORE CITY C	R COUNTY	of DEATH County	7 MC
Olney	Mon Mon	tgomery	Gene	eral Hospita	126 USUAL OCCUPATI (TYPE OF WORK FOR MOST O ACCOUNT		126 KIND C INDUSTRY	OF BUSINESS OR
2000000	FOR OTHER INSTITUTION UNITY RAWANNA	130 CITY OR TOW	'N	13d INSIDE CITY LIMITS?	13e 328 So. W	ebster	. Avenu	.e
14 FATHER'S NAME Patrick	WIDDLE	Hoban		Catherine	MIDDLE		Clar	k
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		Agnes Hoban	Wife same		13	
Conditions, if any, which gove the to immediate course to stating the underlying course last.  PART 2 OTHER SIGNIFICAN	DUE TO CONDITIONS	LUIS A CONSEQUE	ENCE OF	squan ms/	lang Ca	DITION GIVE	9/8 5	78
176 ACCIDENT WAS UNCOUNTY	/	hone	OPERATIO	IN WAS PERFORMED	70e AUTOPSY7		WERE FINDI	
OR CONTRIBUTING THE PROPERTY OF THE PROPERTY O	spital: attended	M. MAGE D. GENJURY GEN	× 1/	THE LOCATION 1/2	- CITY OF TO	····	COLPAY 19 <b>71</b>	STATE that (I) (we) last
The Inconsect alive oboses of the property of	spen 1	offer death.	7,	DEGREE	MEDICAL STA		129/1	19/19

DHMH - 16 50M 1/76 (VR A 15 (4))

FUNERAL DIRECT rauld be detect ORTANT, IF

Burial
Burial 73h DATE 9-13-79 731. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery | 250. DATE REC'D.

Scranton

Scranton Lackawanna
By REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR PARE TRANSPORT Francis J. Collings Spring, Md. 1500 University Blvd. West Silver Spring, Md.

Pa.

Cottonation Jan 15, 1962 11 Pennagennal 1.5.4. Sind remain Victorian Committee Comm 196-08-1984 Agnes Hohan Mile Same as # 15

RUSTLES TO CONTRACTOR OF THE C

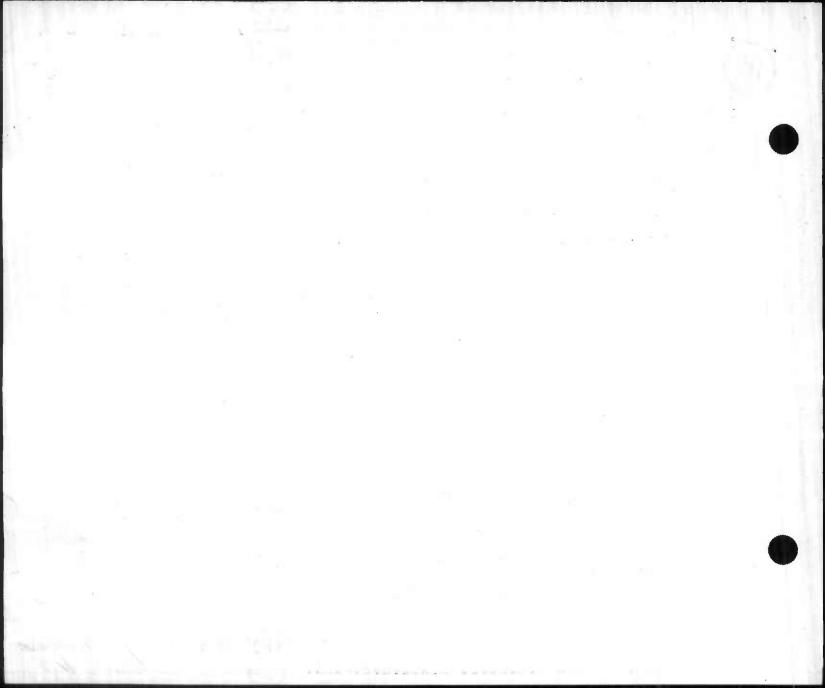
TO HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 min eretained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, unto should be detached for use as the buriol-transit permit. Then please remove carbanpopers: Pages 1 and 2 should be fulled within 72 hours office with the State Dept at Health and Mental Hygiene prior to buriol, cremoval.  IMPORTANT: If then 21 is marked or them 18 shows any minry, or other thoughtic vent, the medical exambles must be natified of or one.		6.	1	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after spital or attending physician.  CTOR: After this certificate has been signed by the ottending physician and completely filled in by the formula of the bringlitransity permit. Then please remove carbanopers: Pages 1 and 2 should be filled watch them 18 shows any nitrive, are madricin, or removal.		r deam. Page 4	funeral director, ithin 72 hours off	d of once.
OSPITAL OFFICE by the houneral DIRE of be deteched the Stote Dept. RTANT. If hen	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and completely filled in by the fishould be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumotic event, the medical examined hust be notified or once.

BP

DHMH-16 20M (VRA 15, 4) 7/78

	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENT ICATE OF DEAT		IENE 7 9	2	2	8	4
		CEASED NAME	Anne	_	osemary	·	Hol+		2R DATE OF DEATH	9-1	DAY YEAR 0 - 79	26. HOL	O A
	3. SE	Femal		White	e	5. DATE C		EAR 7	6. AGE (IN YEARS LAST OIR		# UNDER 1 YE		R 24 HRS
19	N	RTHPLACE (STATE OR OUNTRY) I EW YORK ITY OR TOWN OF DI	ATH	USA	H FACILITY, GIVE STREET	WIDOWE	D NEVER MARR DIVORC	ED 🗌	Montgo 120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C HOUSEWIL	mer	LIZE KINE	anty	MD ESS OR
33	13a S O 14 FA	AL RESIDENCE (# NU STATE ) hio ATHER'S NAME FIRST [. Toner ]	But]	Ler	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Monroe	ADMÍSSION) N	13d INSIDE CITY LIL YES NO 15 MOTHER'S MAI Anne H	DEN NAM	MIDDLE			LAST	
3		VAS DECEASED EVE YES, NO OR UNKNOWN) NO	R IN U.S. ARA		043 14	4185			Sands APOR (Daughter			Ohio	
		Conditions, if on gove rise to in couse (a), statunderlying cause	y, which nmediate ing the se lost.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO T	HE TERMI	NAL DISEASE OR OLD	David DITION GIVE	ZEN IN PART	1 50	24
2	CERTIFICATION	190 DATE OF OPER			_	OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTIF	S, WERE FINE YING CAUS	ES OF DEA	TH?
9	MEDICAL CEI	THE BATHER HOTEL WED OR COMMERCING TO SAFE VICEDENI MAY IN	CAUSE OF DEAT CALERAMINERS	JI# PLACE (	W WOUTH DY	19	211 LOCATION	OCCURR	ED (ENTER NATURE OF INJU		COUNTY		TATE
	8	22a I certify that (	l) (this hospiti	al) offended the	e deceosed from_	28	nd that in my) (our)		to	et	19 7 9	_, that (I) (	(we) lost toted
7		220/PHYSICIAN'S P	JAME (TYPE OR	PRINT) W	HITE	7.0	PHYS 22e ADDRESS 9911		DIRECTOR PHYSIC		Silv	er Spr	17
1	230 8	BURIAL, CREMATION SPECIFY) Burial	I, REMOVAL	23b. DATE			EMETERY OR CREM		23d LOCATION CITY OR TOWN TWE TS a i 1	100	COUNTY	ıckv	TATE

24 FUNERAL DIRECTOR ADDRESS Hines/Rinaldi



W)

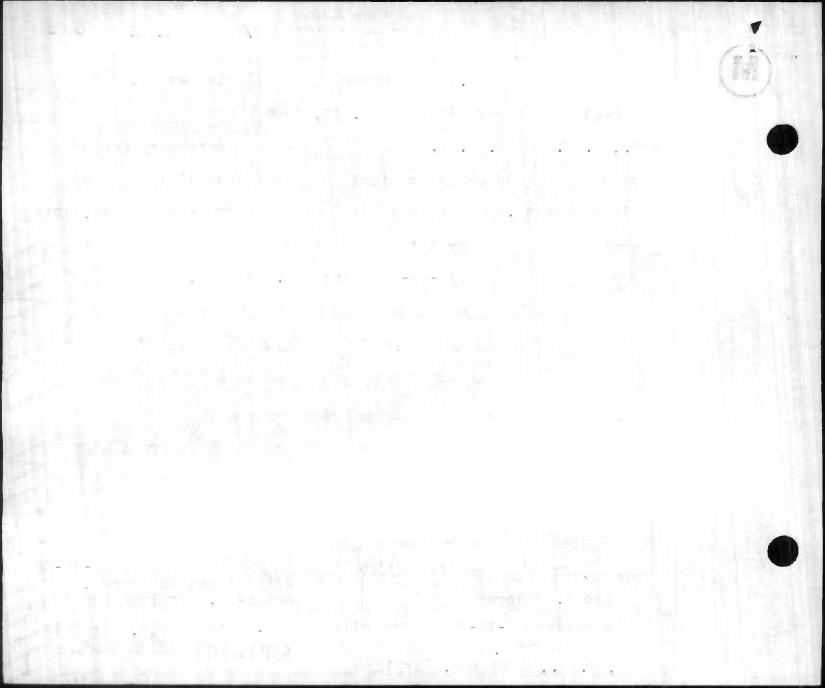
FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCLENE

- 1		REGISTRAR				CHILIT	ICATE OF DEATH		REG. NO.			
		EASED NAME	FIRST		MIDDLE	t	LAST	20 DATE OF D	EATH MONTH	DAY Y	AR	26 HOUR
	(ITPE	OR PRINT)	Helen		W.	Hopy	boow	Septer	mber 1	0, 19	79	11 4
	3. SE)	(		4. RACE		5 DATE C		6 AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER	_	IF UNDER 24
		Fema	le	Cauc	asian	Aus	g. 13, 1906	73	YF		DAYS	HOURS A
		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	DX NEVER MARRIED	9 BALTIMORE	CITY OR COU		TH	
4.9	Wa	sh., D	. C.	U.	S. A.	WIDOWE		Mon .	tgomer	v Cou	ntv	
		TY OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a. USUAL OC	CUPATION	12b. K	IND OF	BUSINESS
70	F	ethesd	a.		cheacility, give street I rban Ho		a1	House	ewife		Tom	е
2	13a. S	TATE	13b COUN	VTY	, GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e. STREET AD	DRESS			
00	Ma	ry land	Mon	tg.	Bethes		YES X NO 🗆		Batter	y Lan	Э,	#714
	14 FA	THER'S NAME		MIDDLE	IAST		15 MOTHER'S MAIDEN NA		MIDDEE		LAST	
50		Harry			Warfie1	d	B1anche			H	uth	
1	16a V	AS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMANT		ADDRESS			
		No	, (		213-50	-191	Mason H.	Hopwood	1, Sam	e as	13	
		18 CAUSE OF D	EATH Enter or	nly ane cause pe	r line far (a , (b), an	id ic.			2	BE1	PPROXIW WEEN O	NATE INTERVA
		PART I. DE AT	H WAS CAUSE	:D BY: TE CAUSE (a)_{	CARRIO	-R45	PIRATORY	Tai	len		20,	IAR.
		1000	47.07.12.0									1
		1001		DUE TO C	PAS A CONSECUL	ENICE OF						100
		Canditions, if	any, which	DUE TO, C	R AS A CONSEOU	-	anc CI	ARC.	rom.	4	6	m.
		gove rise to	immediate	( b) 4	MATA	STE	anc C	ARCI	rom	4	6	ma
			immediate tating the	( b) 4	DR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE	STE	Circum	JRC.	ron.	A Derly	6	m.
		gove rise to cause (a), s underlying c	immediate tating the ause last	b) 4  DUE TO, C	MATA PRIMA	ENCE OF	Circian	ARCI	MOM CONDINGS	QUEN IN PA	6 RT 1(a	m.
	NO	gove rise to cause (a), s underlying c	immediate tating the ause last	b) 4  DUE TO, C	MATA PRIMA	ENCE OF	Corevan Not related to the term	ARCI	me !	GIVEN IN PA	G ART 1(a	m.
	ATION	gove rise to cause (a), s underlying c	immediate tating the ause last	DUE TO, C	OR AS A CONSEQUI PRIMA ONTRIBUTING TO	ENCE OF	Circian	AINA DISEASE C	OR CONDITION  SY? 20b. IF	YES, WERE F	INDIN	GS USED
2	IFICATION	gove rise to cause (a), s underlying c	immediate tating the ause last	DUE TO, C	OR AS A CONSEQUI PRIMA ONTRIBUTING TO	ENCE OF	Corcuran NOT RELATED TO THE TERM	208 AUTOP:	DR CONDITION  SY? ZOB. IF		INDIN	GS USED
20	CERTIFICATION	gove rise to cause (a), s underlying c	immediate tating the ause last	DUE TO, C  (c)  196 CONE	OR AS A CONSEQUE ONTRIBUTING TO DITION FOR WHICH	ENCE OF	Corcuran NOT RELATED TO THE TERM	208 AUTOPS	DR CONDITION  EY? 20b. If IN CE	YES, WERE F ERTIFYING CA YES [	INDIN USES (	GS USED OF DEATH?
2.9	AL CERTIFICATION	gove rise to cause (a), underlying c PART 2 OTHER 19a. DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING	immediate toting the dayse lost	DUE TO, CONDITIONS CON	OR AS A CONSEQUE ONTRIBUTING TO DITION FOR WHICH OF INJURY LM. MONTH D.	ENCE OF  DEATH BUT  OPERATIO	NOT RELATED TO THE TERM	208 AUTOPS	DR CONDITION  EY? 20b. If IN CE	YES, WERE F ERTIFYING CA YES [	INDIN USES (	GS USED OF DEATH?
2.9		gove rise to couse (a), so underlying of PART 2. OTHER 19a. DATE OF OF 21a. ACCIDENT WA	immediate toting the guse lost lost lost lost lost lost lost lost	DUE TO, CONDITIONS CON	OR AS A CONSEQUI ONTRIBUTING TO DITION FOR WHICH OF INJURY OF INJURY	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM	208 AUTOP: YES	DR CONDIFFICAL  SY?  10 CE  IN CE  OF INJURY IN ITEM	F YES, WERE F RTIFYING CA YES N.B. PART I OR PA	INDING USES (	GS USED DF DEATH? NO
2.9	MEDICAL CERTIFICATION	gove rise to cause (a), underlying c underlying c PART 2 OTHER 19a. ACCIDENT WA OR CONTRIBUTING (IF ETHER, NOTIFY C UNDILLE T) WHILE T NOTIFY C UNDER CONTRIBUTING CONTRIBUTIN	immediate toting the guse lost  SIGNIFICANT (  ERATION  SUNDERLYING C  CAUSE OF DE REDICALEXAMINER  COURSE DO TO WHILE C	DUE TO, CONDITIONS CON	OR AS A CONSEQUIDATION FOR WHICH	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCUR	208 AUTOP: YES	DR CONDITION  EY? 20b. If IN CE	YES, WERE F ERTIFYING CA YES [	INDING USES (	GS USED OF DEATH?
2.9		gove rise to cause (a), underlying c underlying c PART 2 OTHER 19a. ACCIDENT WA OR CONTRIBUTING (IF ETHER, NOTIFY 21d IN JURY OC WHILE AT WORK NO.	immediate toting the puse lost  SIGNIFICANT (  ERATION  SUNDERLYING C  CAUSE OF DE REDICALEXAMINER  DIT WHILE  IT WORK	DUE TO, COLORDITIONS CONDITIONS C	OR AS A CONSEQUI ONTRIBUTING TO DITION FOR WHICH OF INJURY OF INJURY IREET, FACTORY, OFFICE, I	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR 211. LOCATION STREET	208 AUTOP: YES	DR CONDIFFICAL  SY?  10 CE  IN CE  OF INJURY IN ITEM	F YES, WERE F ERTIFYING CA YES X 1B, PART I OR PA COUN'	INDINA (USES (	GS USED DF DEATH! NO
20		gove rise to cause (a), underlying conderlying conderl	immediate to time the puse lost lost lost lost lost lost lost lost	DUE TO, COORDITIONS COORDITION	OR AS A CONSEQUIDATION FOR WHICH  OF INJURY  OF INJURY  IREET, FACTORY, OFFICE, I	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  211. LOCATION STREET	208 AUTOPS  YES 1  RED (ENTER NATUE	OR CONDIFICAL  SY?  206. IF IN CE IN CE OF INJURY IN ITEM	YES, WERE FERTIFYING CA	INDING USES (	GS USED DF DEATH' NO  STATI
29		gove rise to cause and in a cause an	immediate to time the puse lost lost lost lost lost lost lost lost	DUE TO, C  CONDITIONS C  196 CONE  196 CONE  196 CONE  196 CONE  196 CONE  197 CONE  198 CONE  1	OR AS A CONSEQUIDATION FOR WHICH  OF INJURY  OF INJURY  IREET, FACTORY, OFFICE, I	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  19.339	208 AUTOPS  YES 1  RED (ENTER NATUE	OR CONDIFICAL  SY?  206. IF IN CE IN CE OF INJURY IN ITEM	YES, WERE FERTIFYING CA YES   COUNT  COUNT  19  haur and fra	INDING USES ( RT 2)	GS USED DF DEATH? NO STATE that (I) (we auses state
20		gove rise to cause (a), underlying conderlying conderl	immediate to time the puse lost lost lost lost lost lost lost lost	DUE TO, COORDITIONS COORDITION	OR AS A CONSEQUIDATION FOR WHICH  OF INJURY  OF INJURY  IREET, FACTORY, OFFICE, I	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  , 19 32 and that in (my) four) opinion DEGREE	200 AUTOPS  YES NEED (ENTER NATUS  Contact to the second of the second o	OR CONDIFICAL  SY?  20b. If IN CE IN CE IN CE IV OR TOWN	YES, WERE FERTIFYING CA YES  COUNT COUNT 19 220	INDINGUSES (	GS USED DF DEATH? NO STATE
20		gove rise to cause (a), underlying content of the cause (a), underlying content of the cause (b) and cause (c) and	immediate to ting the guse lost lost lost lost lost lost lost lost	DUE TO, CONDITIONS CON	OR AS A CONSEQUIDATION FOR WHICH  OF INJURY  OF INJURY  IREET, FACTORY, OFFICE, I	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  , 19 30 and that In (my) Tour) opinion  DEGREE  ATTENDING PHYSICIAN [	YES DED (ENTER NATURE death accurred to DIRECTOR	OR CONDIFICAL  SY?  100 LI  IN CE  IN CE  OF INJURY IN ITEM  TY OR TOWN  STAFF  PHYSICIAN [	COUNT 19 220.	S, 11 m the co	GS USED DF DEATH? NO STATE that (I) (we auses state
20.9		gove rise to cause a particle of the cause of the caus	immediate to time the government of the governme	DUE TO, CONDITIONS CON	OR AS A CONSEQUIDATION FOR WHICH  OF INJURY  OF INJURY  TREET, FACTORY, OFFICE, I	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  ATTENDING PHYSICIAN [ 22e. ADDRESS 8 2 1	200 AUTOPS  YES   N  RED (ENTER NATUS  death accurred of DIRECTOR    MEDICAL DIRECTOR    8 WISCO	OR CONDIFICAL  SY?  206. IF IN CE IN CE IN CE IN OR TOWN  STAFF PHYSICIAN  DNS in	COUNTY ADDRESS TO THE PART I OR PART	PT 2)  S., the mathematical parties of the control parties of the co	GS USED DF DEATH? NO STATE  STATE  state  state  one of the control of the contro
200	MEDICAL	gove rise to cause (a), with the cause (a), and and an arrangement of the cause (a), and arrangement of the cause (b) and arrangement of the cause (b) arrangement of the cause (c) arrangement of the couse (c) arrangement of the c) arrangement of the couse (c) arrangement of the c) arrangement of the couse (c) arrangement of the c) a	immediate to time the puse lost lost lost lost lost lost lost lost	DUE TO, CONDITIONS CON	OR AS A CONSEQUID ONTRIBUTING TO DITTION FOR WHICH OF INJURY IREET, FACTORY, OFFICE, I the deceased from 19 y after death.	ENCE OF DEATH BUT OPERATIO  AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  , 19 30 and that In (my) four) opinion  DEGREE  ATTENDING PHYSICIAN ( 22e. ADDRESS 8 2 1  Be t	200 AUTOPS  YES   N  RED (ENTER NATUS  death accurred of the property of the p	OR CONDIFICAL  SY?  206. IF IN CE IN CE OF INJURY IN ITEM  STAFF PHYSICIAN  DOTS IN  Mary 1	COUNTY ADDRESS TO THE PART I OR PART	PT 2)  S., the mathematical parties of the control parties of the co	GS USED DF DEATH? NO STATI
200	WEDICAL WEDICAL	gove rise to cause (a), with the cause (a), and and an arrangement of the cause (a), and arrangement of the cause (a). ACCIDENT WAR OR CONTRIBUTING (IF ETHER, NOTIFY).  21d. IN JURY OCCUPANT OF THE CAUSE (I) (VIII) AT WORK (I) (VIIII) AT WORK (I) (VIII) AT WOR	immediate to time the puse lost lost lost lost lost lost lost lost	DUE TO, COOL	OR AS A CONSEQUIDON FOR WHICH  ONTRIBUTING TO DITION FOR WHICH  OF INJURY  TREET, FACTORY, OFFICE, 1  The deceosed from 19  y after death. 19	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  ATTENDING PHYSICIAN [ 22e. ADDRESS 8 2 1	YES DED GENTER NATURE  RED GENTER NATURE  death accurred of DIRECTOR DIRECT	OR CONDIFICAL  SY?  206. IF IN CE IN CE OF INJURY IN ITEM  STAFF PHYSICIAN  DOTS IN  Mary 1	coun  19  22  Avenue  And 21	S, the control of the	GS USED DF DEATH NO  STAT  STAT  STAT  STAT  GREEN  STAT  ST

Bethesda, Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))



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	1/12	
	1/1	
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executed within 24 hours often

must be notified at once

### STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPARTN		ALTH AND MENTAL HYGI CATE OF DEATH	ENE / 9	2 2	2 7	8 0	
l	1. DECEASED NAME FIRST	MIDDLE	LAS	Ť.	20. DATE OF DEATH	NONTH DA	Y YEAR	2h. HOUR	
	Anna	Lee	Hos	kins	Sept	t. 6	1979	63	AM
1	3 SEX	4 RACE	5. DATE OF		& AGE (IN YEARS LAST BIRTH	,	NTHS DAYS	IF UNDER 2	4 HRS
	Female	White	Mar.	00	82	YRS	INTHS DAYS	HOURS	WIN
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MAPPIED	☐ NEVER MARRIED ☐	BALTIMORE CITY OR	COUNTY	OF DEATH		
)	Texas	USA	WIDOWED		Mont	tgome	rv		MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		OTHER INSTITUTION	120 USUAL OCCUPATIO		12b. KIND O	F BUSINES	SOR
1	Rockville	Rockville Nu		n Home	Housewif			home	
	USUAL RESIDENCE HE NURSING HOME OR 13a. STATE 113b. COUN			3d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
1		gomery Wheaton		YESX NO		hina	Drive	e.	
	14. FATHER'S NAME	MIDDLE LAST	1	S MOTHER'S MAIDEN NAM	WIDDIE		LAST		
	Walter	A. Kinsolvi	ng	Pearl	MIDDLE			lev	
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 1	7 INFORMANT	ADDRES	S			
	no none		1714 M	Marjorie L.	Peters-da	au-(s	ame as	s 13	e)
	PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	last	atic Ca	ucer				
		CONDITIONS CONTRIBUTING TO D						_	
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		
	00.000,000,000,000			210 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PAR	T 1 OR PART 2)		
	OK CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TOWN	4	COUNTY	STAT	TE
	saw the deceased alive on	tal) oftended the deceased from	9 and	that in (my) (aur) opinion d	eath accurred on the date	e and hour		that (I) (we causes state	,
	27% SIGNATURE	Reiz 1	m-E	ATTENDING PHYSICIAN	MEDICAL STAFF		22c. DATE :	SIGNED	19
	224 PHYSICIAN'S NAME (THE O	- Passett		22e ADDRESS					

should be detached for use as the buriot transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours offer with the State Dept of Health and Mental Hygiene prior to buriot, cremation, or removal.

IMPORIANT: If them 21 is marked or them 18 shows any injury, or other traumante event, the medical examiner must be notified of ance.

LTENDING

DHMH-16 20M (VRA 15, 4) 7/78

Kwang S. Kim, MD 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

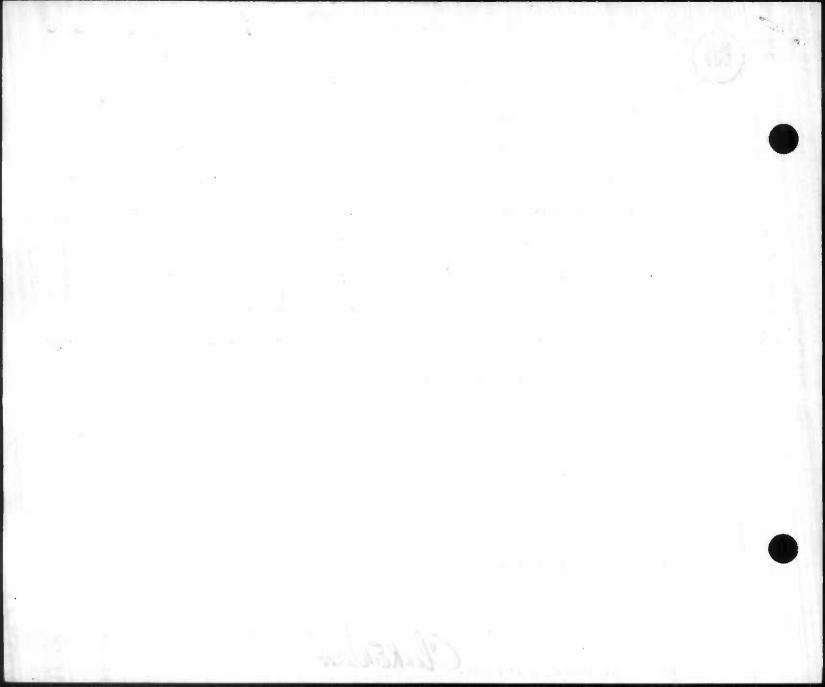
615 331 NAME OF CEMETERY

Montgomery Aver.

ORY 23d LOCATION
CITY OR TOWN Rockville. Md COUNTY STATE

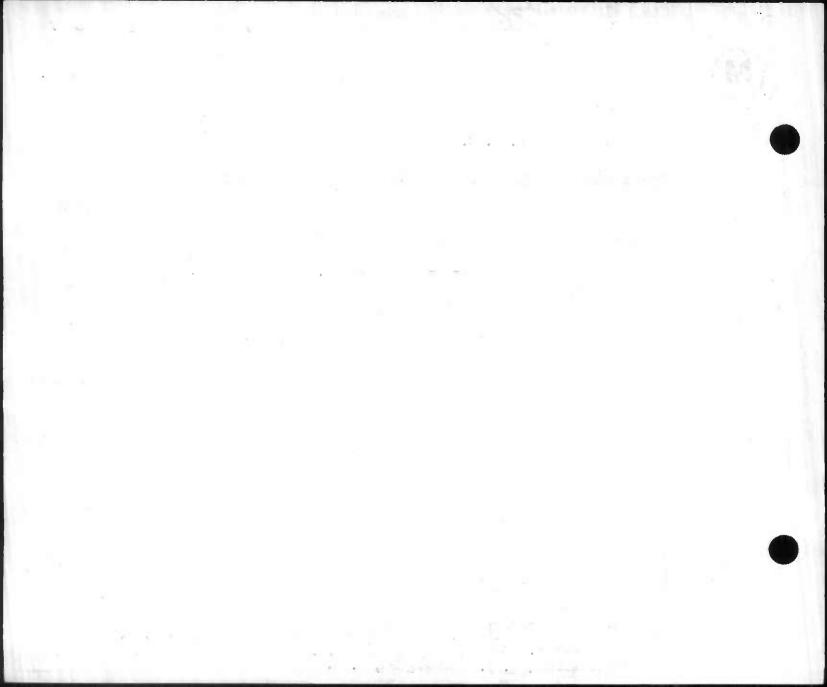
Washington

ashington, D.C.
BY REGISTRAR 136 REGISTRAR'S SIGNATURE



TO HOSPITAL SATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours offer death

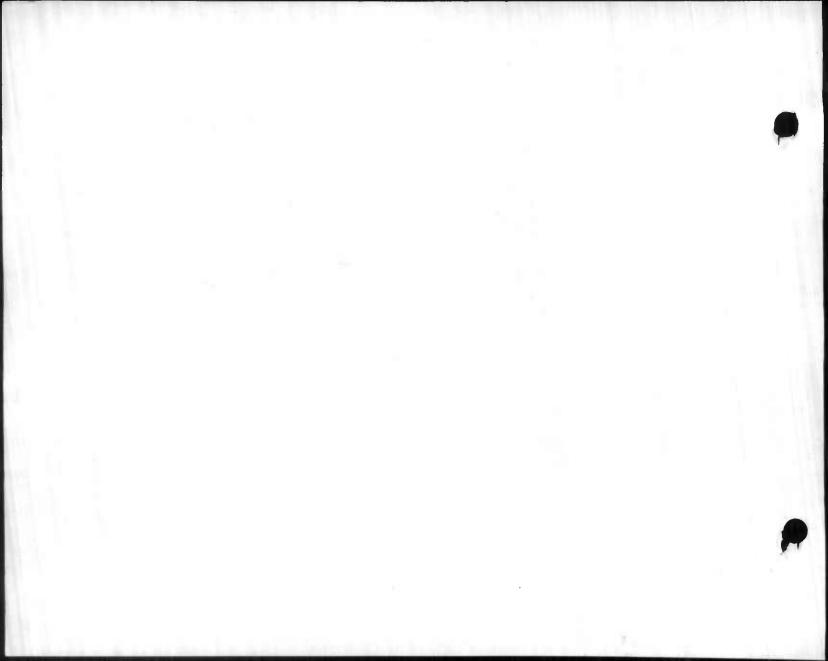
1	7		Items #11466b FOR W/Fun. Ho STATE REGISTRAR			MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE / 9	2 2	9	8 7		
(1	M)		CEASED NAME FIRST		WIDDLE	Hu	ghes	2e. DATE OF DEATH	9-29	YEAR - 79	7:10 AM		
ige - mg		3 SE	Female		ite	S DATE C	BIRTH OAV YEAR 12 14	4. AGE (IN YEARS LAST BIRT	YRS		IF UNDER 24 HRS HOURS MIN		
onerol de	ortonce.	ď	IRTHPLACE (STATE OR FOREIGN OUNTRY) N. Y	u. s	what country	WIDOWE		7-1	mery	DEATH	MD		
Š	filed within 7	Si	lver Spring	HOLY (	CROSS HOS	PITAL	R OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O CASHIER		126. KIND OF	F BUSINESS OR		
filled in	hould be t	13a	ma, m	UNITY	13c. CITY OR TOY	WN	134. INSIDE CITY LIMITS?	130. STREET ADDRESS	ricety	Blud ;	25#402		
ed with	ond 2 si	14 F.	Te tome	WIDDIE	Norri	8	15 MOTHER'S MAIDEN NAM UNKNOWN	WIDDLE	6	ŁAST			
on ond co	Poges 1	láa.	WAS DECEASED EVER IN U.S YES, HOOR UNKNOWN] (IF YES	. ARMED FORCES? , GIVE WAR OR DATES)	578-10-	243 5 44	Marc M. Hugh	10800°P9 es Kensing		ryland	l		
physicio	emovol.		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse pe (USED BY: DIATE CAUSE (a)_	r line far (o), (b), o		ETASTASE	\$	•		inset and death		
deorn ce	ove carbo tion, or r				Canditions, if any, whice	h ( 16)	A DENO		INOMA COC	LON			
by the	leose remi rol, cremo or other tr		gave rise to immediat cause (a), stating th underlying cause los	DUE TO, C	OR AS A CONSEOU	JENCE OF					U		
requires on signed	Then plu or to burn injury, o	NOI					NOT RELATED TO THE TERM						
ion.	Jiene price	CERTIFICATION	190 DATE OF OPERATION			H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES	GS USED OF DEATH? NO		
g physic	entol-trons entol Hyg tem 18 si		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF CONTRIBUTING TO CAUSE OF CHIEF CAUSE OF CA	F DEATH HOUR	OF INJURY L.M. MONTH [ L.M.	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2			
ottendir	h ond Me	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE		
spitol or	of Healt		22a I certify that (I) (this h sow the deceased aliv above, (I) (we) (did) (di	e on 9/28	19	THE P. LEWIS CO., LANSING, MICH.	d that in (my) (our) opinion o	eath occurred an the do	2-9, 19_ ate and haur on		hat (I) (we) last ouses stated		
y the ho	detoched ote Dept		226. SIGNATURE	est f. C	Elport	, M		MEDICAL STAP	F IAN 🗌	22 DAJES	IGNED 9		
toined b	should be d with the Sto		HUBERT	J. ALF	ERT,M	D	SILVER	SPRINCE		209	110		
BP_	59	C	BURIAL, CREMATION, REMO REMATION	10/1/	1979 Co	edar H	ill Crematory	23d LOCATION CITY OR TOWN Washingto	on D (	7	STATE		
	H-16 20M 5, 4) 7/7B	24 F	uneral director Dona 32 Carroll St	ld M. Ste reet. N.	in Hobreu W. Wash	v Memo ington	rial F.H. 250 DATE D. C.	OCT 0 2 19	25b. REGISTRAN	& SIGNATI	200 Breefly		
										-			



HUNTER, VAUGHN Paul 9/21/79 Mont.
VOID DEATH CERTIE.

# 79-22988

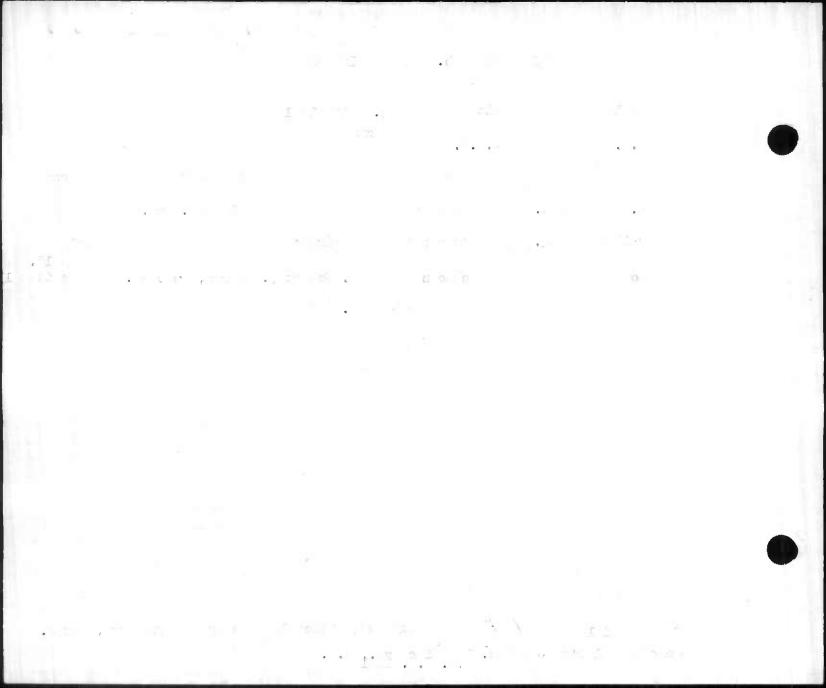
Dee Fotals



TO HOSPITAL SENTIENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after develoned by the hospital or attending physician.

Poge 4 may be

	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLA EALTH AND N ICATE OF D	ENTAL HYG	IENE 7 9	2 NO.	2 9	8 9
oge 3	(TYPE	CEASED NAME	3dAS	RACE	Po.	Ir	19RA	AM ~	20. DATE OF DEATH	9-6	DAY YEAR  20-79  IF UNDER 1 YEAR	2b. HOUR 2 2 M IF UNDER 24 HRS
(M)	3 SE	Female	•	Whi	te	S DATE C	DAY	1921	58		MONTHS DAYS	HOURS MIN
or on or		RTHPLACE (STATE OR FO	DREIGN 7b.		WHAT COUNTRY?	MARRIEI WIDOWE	D DIV	ARRIED .	BALTIMORE CITY	OR COUNTY		Cty, MD.
by the fulled with	B	SELLES OF DEA	тн 11 <b>-</b>		HOSPITAL, NURSIN HFACILITY, GIVE STREET ARDAM		OS OIT	A	126 USUAL OCCUPA (TYPE OF WORK FOR MOST Homemake	T OF WORKING LIF	12b. KIND C INDUSTRY	Home
should be in shoul	USU 130	AL RESIDENCE (IF NURS STATE Md.	136 COUNTY Mont		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Bethesda	N	131. INSIDE CI YES [	TY LIMITS?	13. STREET ADDRESS			
- B	14. F/	ATHER'S NAME	MID	DLE	LAST		15 MOTHER'S	MAIDEN NAM	ME		LAS	ST
complete com		Orville	A.		Beerbo	wer		ginia			Cast	
n ond co		WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITYNO	17 INFORMAL	VT .	ADD	PRESS		13.
S. Po		No			Unknown		Dr. Re	bert I	Ingram.	Husban		
equires that the acont certificate by signed by the attending physicio. Then please remove carbon papers, to buriol, cremation, or removal. injury, ar other troumotic event, the	NO	PART 2 OTHER SIGN	which nediote g the lost.	DUE TO, OF  DUE TO, OF  (b)  DUE TO, OF	R AS A CONSEQUE	ENCE OF	not related	and	INAL DISEASE OR CO	NDITION GIV		MATE INTERVAL ONSET AND DEATH
bos been to be been to be been brion ows only ows only	CERTIFICATION	190 DATE OF OPERA	NON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND IN YING CAUSES	
ng physicial certificate h urial-transit tental Hygier tem 18 show		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	AY YEAR	21c HOW IN	URY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18, P	ART 1 OR PART 2}	
After this cost of the order of the order of the burn of the order	MEDICAL	214. INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATIO STREET	N	CITY OR T	OWN	COUNTY	STATE 2: Zo Bry
TOR of He		220.1 certify that (1) sow the decease above, (1) (we) (c	d olive on	9:20	19_	9 15 .or	Zo nd that in (my) (	. 19 79 our) opinion o	to	date and hou		that (I) (we) fast couses stated
y the hosp RAL DIREC detached ote Dept		22b. SIGNATURE	Ba	hor			Р	ITENDING HYSICIAN [		AFF SICIAN D	9.2	SIGNED
TO FUNERAL I should be deto with the Stote [IMPORTANT: If		HADI	ME (TYPE OR PR	AHA	R		BZ18	Wis	consi /	que.	Beth	csela
BP	(	BURIAL, CREMATION, SPECIFY)  Burial	REMOVAL	9/24/:			urg Nat	ional	23d. LOCATION CITY OR TOWN Cemetery	Getty	sburg,	Penna.
DHMH-16 20M (VRA 15, 4) 7/78	Jo	uneral director seph Gawle	r's So	ns Inc.	5130 Wis	C. Aye	016 <sup>N.W.</sup>	25a. DATE	SEP 2510	RM9 REGIST	RAR'S SIGNAT	Mr. Brody



mpletely fitled in by the funeral dir and 2 should be filed within 72 has DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attendi

injury, or ather troumotic event, the

should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumotic

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	D		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 9	2 2 9	9 0
1. DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONT		20 110011
	lter W.		Johnson	9	9/8/79	8:42a,
3. SEX	1 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA	
Male	Black		2/3/07	72		
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	
Md.	U.S.A.	WIDOW	VEDXX DIVORCED	Montgomery		
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WOR		D OF BUSINESS OR RY
Bethesda		an Hosp		Barber		
USUAL RESIDENCE I IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDE NTY 13c CITY POOT	OR TOWN <b>esville</b>	13d INSIDE CITY LIMITS? YES NO	18617 Jeru	salem Roa	ad
14 FATHER'S NAME	MIDDLE	(addr	15 MOTHER'S MAIDEN NAM			IAST
Joseph Jo	hnson		_	rgia ?	0.8	
	E WAR OR DATES)	AL SECURITY NO	17 INFORMANT	3900 I	Mertford	St.
No	217-	05-2219	Virginia McDo	onald Kenši	Mertford	1
Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	NSEQUENCE OF	COLLUMNIT NOT RELATED TO THE TERM	Processe of CONDITION	8 No	ROXIMATE INTERVAL
190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATE	ON WAS PERFORMED	20a AUTOPSY? 20b	. IF YES, WERE FIN CERTIFYING CAUS YES [7]	DINGS USED SES OF DEATH?
21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTION COLUMN		19	21 JOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR		STREET	CITY OR TOWN	COUNTY	STATE
22a.1 certify that (1) (this hasp	478-19	19	and that in (my) (our) opinion o	death occurred on the date o	nd hour and from t	_, that (I) (we) lost the couses stated
22b. SIGNATOR	and o	MA)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DA	TE SIGNED
22d. PHYSICIAN	CASTRO		270. ADDRESS RO	hviles	Pike	
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	9-13-79		cemetery or Crematory esley Cemetery	23d. LOCATION CTOOK TOWN CTARKSbur	g, Montg.	Md. STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

FUNERAL DIRECTOR 246 N. Washington Street George R. Snowden Rockville, Md. 20850 24 FUNERAL DIRECTOR

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	STATE REGISTRAR			DEI ARTI		ICATE OF DEATH	REG. N	o. •				
		CEASED NAME	FIRST	M	IDDLE		AST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
	() ()	OK PRIMIT)	EDGAR	L	EIE	JO	VES	SEPTEMBER	15.	1979 3	:30 p.	м	
	3 SEX			ACE		5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HR	_	
		MALE		WHITE		FEBR	UARY 19, 1942	37	YRS	MONTHS DAYS	HOURS MIN		
9	СО	Georgi	a	USA	VHAT COUNTRY?	WIDOWI		9 BALTIMORE CITY O MONTGOME		Y OF DEATH	^	MD	
6		TY OR TOWN OF DEA	тн 11.	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET CLINICAL	ADORESS)	OR OTHER INSTITUTION  ER	120 USUAL OCCUPATION OF OF WORK FOR MOST OF			Farm	R	
9	13a. S	EORGIA	BROOKS		BIVE RESIDENCE BEFORE  136 CITY OR TOW  BARNES	N	13d INSIDE CITY LIMITS? YES X NO	BOX 54					
4		THER'S NAME FIRST	MIDD.	Jones	LAST		15. MOTHER'S MAIDEN NA FIRST Mauree	WE	Fo	lsom LAS	ī		
5		(AS DECEASED EVER I	N U.S. ARMEE		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	55				
2	. ,,,	No	(# 123, 0172 #7.0	ON DAILS)	253-62-8	3616	Mrs. Sara A	nn Jones Wi	fe. (	same as	above)		
	Z	Conditions, if ony, gave rise to imm cause (a), stating underlying cause  PART 2 OTHER SIGN	ediote g the last	(c) P		NCE OF	is proliferative NOT RELATED TO THE TERM		DITION G	IVEN IN PART 10	EN IN PART 1(a)		
1	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDIT	ION FOR WHICH	OPERATIO	DN WAS PERFORMED  200 AUTOPSY?  100. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF E  YES 7						
3	CAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH L EXAMINER)	P.N	N. MONTH DA	YEAR	21t how injury occur	RED (ENTER NATURE OF INJUR	Y IN ITEM 18,	PART 1 OR PART 2)			
		WHILE NOT WHAT WORK AT WORK	ILE 🗆		ET, FACTORY, OFFICE, F.		21f LOCATION STREET	CITY OR TOV	W	COUNTY	STATE		
		22a. I certify that (th) (sow the decease above, (f) (we) (d)	this hospital) d alive on Se id) (did not) vii	ottended the	deceased from	79, a	nd that in (my) (our) opinion	to September death occurred on the do	er 15 ate and ha	19 <mark>79</mark> our and from the	that db (we) lo causes stoted	>st	
		Pour	ett	Skin	newy	M	ATTENDING PHYSICIAN [	MEDICAL STAI	F	22c. DATE		•	
2	1	TIT PHYSICIAN'S NA	ME (TIPE OF PER	(1)			22e. ADDRESS NATION	NAL INSTITUT	ES O	F HEALTH	I		
	-	BENNET	T 10	LUME	NKOPI		CLINICAL CE	TIER. BETHES	DA.	MARYLANI	20205		

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DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendi

OR ATTENDING PHYSICIAN:

TO HOSPITAL

should be detoched for use os the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If them 21 is morked or them 18 shows ony

23b. DATE 9/17/79 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR
NAME Martin Funeral Home

23t. NAME OF CEMETERY OR CREMATORY

Campground Cem.

ADDRESS HaHira, Ga.

23d. LOCATION MOTVEN

Brooks

GSTATE

250 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 9 9 2

		1		4-4		ATE OF MARYLAND			
15 1	16		FOR STATE			FHEALTH AND MENTA		2 2	999
12	ARI OF		REGISTRAR			NER'S CERTIFICATE	OF DEATH	REG. NO.	, , ,
61	IAII)		F OR PRINT!	RST	WIDDLE	LAST	2a. DATE	KNOWN MONTH ESTI- H MATED \( \Boxed{1} \)	DAY YEAR 26, HOUR
	25 S. S. E.		Ol	iver	Bernard	Jones	DEATI	H MATED - 9/	11 19 79 M
	PLEAS ECTOR FILES HOUR STREET	3. SE)	4. RACE	S DATE OF BIRT	TH 6 AGE (IN	YEARS IF UNDER 1 YR. IF UND	DER 24 HRS. 2c DA		DAY YEAR 24 HOUR
	S NECESSARY, PLEAS FUNERAL DIRECTOR 5 FOR YOUR FILES O WITHIN 72 HOUR W. PRESTON STREET	M	ale White	e Nov. 23		YRS. MONTHS DAYS HOURS	MIN. PRONOL		11 19 79 P. M
	RAL RAL HIN HIN		RTHPLACE (STATE OR	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED X NEVER MA	ARRIED 9. BALTI	MORE CITY OR COUN	
	S FOR S TO S		ASHINGTON, D		S.A.	WIDOWED DIVO	- 44	ntgomery (	ounty MD.
	한 때 때 교 _	10. CI	TY OR TOWN OF DEATH	16 NAME OF H	OSPITAL, NURSING HOP	ME, OR OTHER INSTITUTION	12a. USUAL OCC	UPATION (TYPE OF WORK	176 KIND OF BUSINESS OR INDUSTRY
	PAG PAG PAG		ilver Spring	2 19444	Colesvill	e Road	FOR MOST OF W	ENT	F.B.I.
-	AGES 1, 2, AND 3 TO SER PAR 3 REPRINGED TO SHOULD BE OF VITAL RECORDS.	USU A	L RESIDENCE (IF IN NURSING	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMIS	SION)	13e. STRE 9400	S <sub>ESS</sub>	
21201	A M D D S S	8.4	aruland Me	ontoomeru	C . / C	prino YES NO	D SXXXXX	olesville	Road
MD. 2	H. II.	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MA		MIDDLE	LAST
m,	AND		JOHN	B.	JONES	FU		S.	SWAN
AOR	FORM P	16a. V	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SECUR	ITY NO. 17. INFORMANT		ADDRESS	
BALTIMORE,	B. GIVE PAR WITH FOR WITH FOR DIVISION (		NO		217-52-	7658 ANN	L. JONES	SAME AS	13 WIFE
			18. CAUSE OF DEATH (Ent	ter anly ane cause per l					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST.,	N 24 HOL N ITEM 18 ALONG 'A F PERMIT. YGIENE, D		PART I DEATH WAS CA	AUSED BY: EDIATE CAUSE (a)	Acute myoc	ardial diseas	e		
1010	A PE		4291	DUE TO,	OR AS A CONSEQUENC	E OF			
2	D WITHIN ENCIL IN AMINER A TRANSIT ENTAL HY REMOVAL	13	Conditions, if any, v	vhich (b)	chronic my	ocardial dise	ease.		Years
3	DTED WITH N PENCIL II EXAMINER STAL-TRANSI MENTAL H OR REMOV		cause (a) stating the <u>u</u> lying cause last.	nder- DUE TO, (	OR AS A CONSEQUENCE	OF			a management
301	XECUTED WITHIN 24 HC 6" IN PENCIL IN ITEM 1 2AL EXAMINER ALONG BURIAL-IRANSIT PERMI AND MENTAL HYGIENE, ON, OR REMOVAL.		lying coose idsi.	(c)					
SDS,	SHOULD BE EXECU SRD "PENDING" IN CHIEF MEDICAL E E USED AS A BUR OF HEALTH AND IAL, CREMATION, C		PART 2 DTHER SIGNIFICANT COND	ITIDMS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TE	RMINAL DISEASE DR CONDITION GIVEN II	N PART 1 (a).		
0	ULD BE EXI PENDING FF MEDICA FF AS A B HEALTH A CREMATIO	ō			None				
7	SHOULD WE WE CHIEF OF HE OF HE	3	19a. DATE OF OPERATION	19b. CON	DITION FOR WHICH OP	ERATION WAS PERFORMED?			20. AUTOPSY?
YE Y	WORD WORD TE CHIE	RTIF	None				6	40	YES NO X
DIVISION OF VITAL RECORDS, 301	A H F H S	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA		OF INJURY		RRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR PA	4RT 2)
NO.	TIFIC TO TO TO TO TO TO THOU	CA	CONTRIBUTING CAUSI		P.M. 19	None			
N N	CERTING DED T S SH DEPA	MED	21d. INJURY OCCURRED  WHILE NOT WHILE		E OF INJURY (AT HOME,	21f. LOCATION STREET	CITY OR T	IOWN CC	DUNTY STATE
	THIS CER WRITING WARDED AGE 3 S TATE DEP 201 PRIO		AT WORK AT WORK						
	INER: ICATE, E FORV TOR: P THE SI		22a. I certify that I taak	charge af the remains	described abave, held an	Autopsy , Inspe	ction , Inquir	y 🗶 , and in my a	pinian
	HICAT BE FO CTOR H THE AND,	1	death resulted fram:	Natural causes 🕱,	Accident ,	ovicide . Hamicide .	, Undetermined r	manner,	
	EXAMINER CERTIFICAT JLD BE FO DIRECTOR: WITH THE ARYLAND,			700		TITLE (SPECIFY	)		
	CAL E		ACTUAL SIGNATURE		16000	LE M.D. Deputy	MEDICALEXA		ED 9/11/79
	DEA S LA S		EXAMINER'S NAME	21 6 0	1	191	9 Seminar	y Road	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE ADGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 8 BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)		gers, M.D.		ver Sprin	g, Montgom	ery, Md.
	P P P P P P P P P P P P P P P P P P P	23a.Bl	JRIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d. LOCATION	COU	O MD.
3001	BP	24 51	BURIAL UNERAL DIRECTOR FRA	9/14/79		WASHINGTON	ADELPH	I PRI GE	U MU.
1	DHMH - 17 (VR A15 ME (5))	24. FU	NAME		OLLINS ER SPRING.MI	. 20901 SEPON	1 4 gyg GISTE	RAP-1256 REGISTRAR'S	SIGNATURE
	30M 7/73		500 UNIV.BLV	J. W. SILVI	EK SPKING.ML	. 20901			P W T T T

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injury, or other traumatic event, the medical

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours other depart with the State Dept. of Health and Mental Hygene prior to burial, cremotian, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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	600	dia.			
RE-	G NO				

FOR STATE REGISTI	RAR		DEPARTI	MENT OF HEALTH AT CERTIFICATE O		REG. NO	2 2	9	1 3
1. DECEASED N	NAME FIRST	M	IDDLE	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(TITE ON PRINT)	Roderi	ck :	S.	Jordan		Septer	nber 27	7,1979	8:15 P <sub>M</sub>
3. SEX		. RACE		5 DATE OF BIRTH	Y YEAR	6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	HOURS MIN
Male		Caucas	sian	July 30	1921	58	YRS	JNING DATS	THOUSE MIN
70 BIRTHPLACE	E ISTATE OR FOREIGN	b CITIZEN OF V	HAT COUNTRY?	MARRIED XXVEV	ER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
Monta	nna	U.S.A	4.	WIDOWED	DIVORCED	Montgo	omery,		MD.
01ney		(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET Mery Gen	9 11 9		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Enginee:	F WORKING LIFE)	INDUSTRY	B.M.
SUAL RESIDE 130 STATE Maryl	and Mont	other institution.	13c CITY OR TOW	rsburges 2	DE CITY LIMITS?	13e STREET ADDRESS 20 Vir	ginia	Driv	e
	Stell M	IDDIE	Jorda	n	ER'S MAIDEN NA/	WIDDLE	2	Bea	
Yes No or U	EASED EVER IN U.S. ARA UNKNOWN) (IF YES, GIVE WW	MED FORCES? WAR OR DATES)	517 16			Jordan sar			13
gove couse underly PART 2.	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAI								0
THE IPO DATE	E OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION WAS PE	rformed	200 AUTOPSY?		WERE FINDING CAUSES	
OR CONT	IDENT WAS UNDERLYING TRIBUTING CAUSE OF DEAT R, NOTIFY MEDICAL EXAMINER) URY OCCURRED NOT WHILE AT WORK	P.A 21e PLACE C	A. MONTH D.	AY YEAR 19 21f. LOC		RED (ENTER NATURE OF INJUI		COUNTY	STATE
22o.   cer 50 w 50 o 22b. 5 o	rtify that (i) this hospite the decreased alive on ove. (1) (we (did) (did not	viewathe body of	otter death.	DE GREE	ATTENDING PHYSICIAN	death accurred of the displaced of the d	FF	ond from the 22c. DATE 9/2	SIGNED 79
(SDECIEV)	remation, removal urial	10/3		t. Meria	ra Ceme	tery But	te, M	ontan:	n a STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR

ROBERT A. PUMPHREY FUNERAL A., BETHESDA, MARYLAND HOMES. P.A.,

REGISTRAR 256. REGISTRAR'S SIGNATURE

to a second second second Contract of the second of the The late of the season is the The season was a season with the season with the season was a season with the season with the season was a season with the season with the season with the season was a season with the season with the season with the season was a season with the season with the season was a season with the season with the season was a season with the season with the season was a season with the season was a season with the season with the season was a season with t Angulation Angulation . In Part Later to rection 1 and the second s al made on the contract of the first of the first firs del prophi en règli parefri fann . . .

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19	1		STATE OF MARYLAND
8	6		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 2 9 9 4
			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	~		CEASED NAME FRST / MIDDLE LAST Zo. DATE KNOWN F MONTH DAY YEAR 126_HOUR
1	B-EL	(TYP	EORPRINT)  OF ESTI- DEATH MATED  DEATH MATED  TO A 310 OCT
1	<b>以自然</b>	3. SEX	100011
	STRE	3. SE/	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED
	CESSARY NERAL DI FOR YOU VITHIN 72 PRESTON	-	ACCA 20 0470 YRS. DEAD V 498, 319 79 JUM
	SS. SS. RAIL	70. B	RTHPLACE (STATE OR REIGN COUNTRY?   8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTRY OF DEATH
	NECESSARY FUNERAL DIS 5 FOR YOU, WITHIN 73	IV.	ew York U.S.a WIDOWED   DIVORCED   Mendermery MD.
	AY IS NECESSARY THE FUNERAL DI AGE 5 FOR YOU FILED, WITHIN 72 301 W. PRESTON	10. CI	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORLD 12). KIND OF BUSINESS
	JESESON		(LENODIN SUCH FACILITY, GIVE STREET ADDRESS)  FOR MOST OF WORKING LIFE)  OR INDUSTRY
	IF ANY DELAY IS.  2. AND 3 TO THE F.  3. RETAIN PAGE 5 SHOULD BE FILED, I RECORDS, 301 W	LISIT	DUS, ASSOCIATION DUS, ASSOCIATION
= =	RETAIN PERCORDS,	13a. S	L RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE 186 COUNTY 136. CITY OR TOWN 136. 118 LIMITS? 138. STREET ADDRESS
21201	AND AND SHOULD RECOUR		D.C. WAShinglon YES BNOD 1915 EYEST N.W
0.5		14. F/	ATHER'S NAME IS. MOTHER'S MAIDEN NAME
×	DEATH.	1.	all the same of the same that
ORE	FTER DE FORM I ES 1 AN ON OF	160.	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117. INFORMANT ADDRESS
¥	AFTER IVE PAC H FOR/ GES 1 SION O	{Y	ENGENCHALL 2228 CATHEREN
BALTIMORE, MD.			140 I NO I MASH. D.C. AVE
	HOUR A 18. AG W		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:
301 W. PRESTON ST.,	24 HG LONG LONG PERM SIENE		IMMEDIATE CAUSE (a) TECESTIC MY OCIONAL DU DIV
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	EX A A A A		gove rise to immediate (b) OUE TO, OR AS A CONSEQUENCE OF
>	XA/ AREA		lying couse lost.
	EXECUTED WITHIN 24 HOURS ING" IN PENCIL IN ITEM 18. G DICAL EXAMINER ALONG WITH A BURIAL-TRANSIT PERMIT. PA H AND MENTAL HYGIENE, DIVATION, OR REMOVAL.	100	(c)
DIVISION OF VITAL RECORDS,	"PENDING" II FE MEDICAL FE AS AS BUR HEALTH AND CREMATION,	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
0	E S A A S E S	CERTIFICATION	Work
2	HIEF A USED OF HEAD	A	190. DATE ⊕F OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
¥.	SSE SE ST	Ĕ	YES NO
> u.	W S W E 7 E	8	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
0	RTIFICATE  OF THE WOOD  SHOULD B  PARTMENT  OR TO BUR		UNDERLYING OR HOUR A.M. MONTH DAY YEAR
0	ERTIFICATION THE THE TOTAL SHORE TO TO SEPART	Š	CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION
Σ	CERTIING DED T DEPA	MEDICAL	
۵	EXAMINER: THIS CER CERTIFICATE, WRITING UID BE FORWARDED DIRECTOR: PAGE 3 S WITH THE STATE DER NARYLAND, 21201 PRIO	-	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	PR. T. P. S. F. S. T. S.		22a. Leartify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . Inquiry . and in my opinion
	EXAMINER CERTIFICATI UID BE FO DIRECTOR: WITH THE		
	BE BE		
	WIE VER		ACTUAL DATE S. A. 3/9.79
	ICAL EXAL THE CERT SHOULD ERAL DIRE EATH, WITI	1	SIGNATURE M.D. MEDICAL EXAMINER SIGNED
	OR NE S		EXAMINER'S NAME ( ) D = IGIO C' DI CIL C
	MEDI CCUTE SE 4 FUNE FUNE ER DE		ADDRESS 414 DIMENARY I'd LIVER JOGS
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217	23a.B	URIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE
	BP	B	JRIAI Sept 7 1979 St. Marine Cemetery annapolis Angle Anude Md
		-	UNERAL DIRECTOR
	DHMH - 17 (VR A15 ME (5))	1/2	NAME ADDRESS OF ADDRES
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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	3 0
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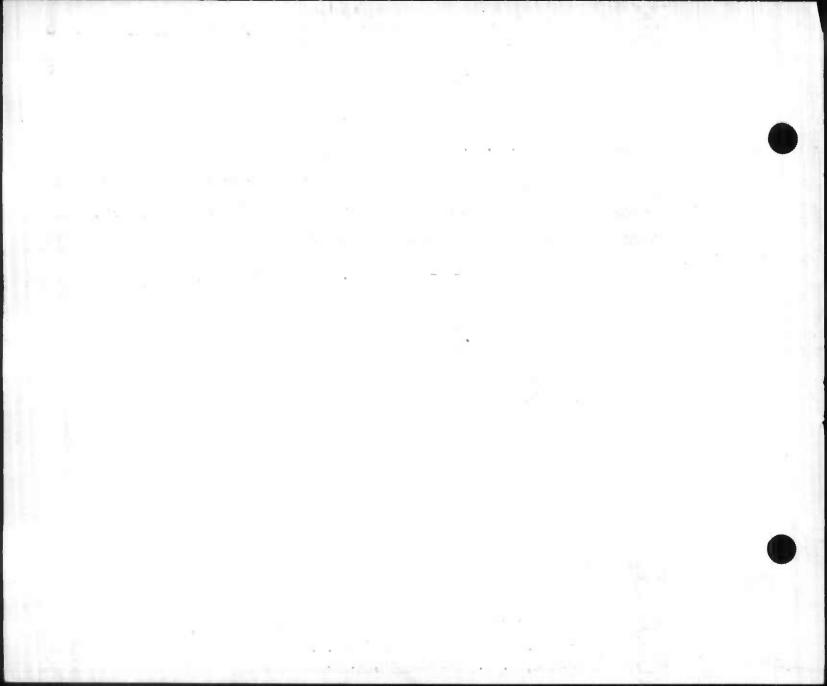
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag should be detacked for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours often dewrith the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

#### STATE OF MARYLAND

	1.	FOR STATE	- 0		HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE 7 9	2 2	9	9 5
		REGISTRAR		CERTI		REG.			
		CEASED NAME FIRST	VAH J.	K	AYE	20 DATE OF DEATH	MONTH DAY	YEAR 9	10 50
	3. SE	X 4	RACE		OF BIRTH	& AGE (IN YEARS LAST B	KIIIDKII	INDER I YEAR	IF UNDER 24 HRS
		Female	White	Apri		80	YRS.	THS DAYS	HOURS MIN
8//		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT CO	UNTRY?	FD NEVER MARRIED	9 BALTIMORE CITY		DEATH	-
607	4 .	ew York	U. S. A.	WIDOW		Mon	1 T 60.	MER	-4 M
P			. NAME OF HOSPITAL	NURSING HOME	OR OTHER INSTITUTION	12ª USUAL OCCUPA			F BUSINESS O
- notifi	NICAL	BUTHWDA	(IF NOT IN SUCH FACILITY, O	YRBY	PNHOSPITAL	School Tec		INDUSTRY  Educa	ution
27	13a S	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	13c CITY	OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	,		
EL.		v Jersey	Sum	mit	YES X NO	289 Kent	Place,	Blud.	
wow.	14. FA	Moses Led	čb	Jacobs	Libbie	WIDDLE			nown)
0 5		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA		IAL SECURITY NO.	17 INFORMANT	ADD 661	9 Lybro	ah Cau	. H +
2	L.	No	139-	20-2107	Mrs. Libbie	Gussow Bo	this da I	Varue	und .
the		18 CAUSE OF DEATH (Enter only o	one couse per line for (a	i, (b), and (c).)	Λ .	1	thesda,	AP ROXU	AATE INTERVAL
ven		PART I. DEATH WAS CAUSED B	BY	ca	wear C	mast			hy
notic e		4140	DUE TO, OR AS A CO	INSEQUENCE OF	ASHD 1	ClH	-	141	s
race		Conditions, if any, which gave rise to immediate	(b)	/	13112	anyer		7	
ar other t		couse (a), stating the underlying cause last	DUE TO, OR AS A CO	INSEQUENCE OF		/			
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Sws and	IFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
े हैं	CERTI	7 10. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR				
8 E	E .	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MON						
F Fe	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19 Y	211 LOCATION				
o p	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTOR		STREET	CITY OR T	NWC	COUNTY	STATE
morked		220   certify that ( Lifter haspital)		16	10 7	7 9-1	10	79	h-a (1) (met) l-
21 15 1		sow the deceased alive on above, (I) (wa) (did)/did asy)	9-1	19 74	and that in (and (our) opinion	death occurred on the	date and hour on	nd from the c	couses stoted
T: # Hem		226. SIGNATURE/	coin S	AjA (6	DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	27 ATE	SIGNED 9
MPORTANT: #		22d PHYSICIAN'S NAME (TYPE OR PR	(NT)	Berrtor	809 Vices	s mill P	d,		/
\$	1	Biviial	23b. DATE 9/4/1979	King Sc	cemetery or crematory Lomon Cemeter		New Je		STATE
20M	24 F	UNERAL DIRECTOR Donald A	1. Stein He	brew Memo	rial F.H. 250. DAT	TE REC'D. BY REGISTRA			1963
7/78	2:	32 Carroll Street	t. N. W. W	ashington	1. D. C.	SEP 5 1975	3	/	
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DHMH-16 20M (VRA 15, 4) 7/78

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PHYSICIAN: The law

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FOR 1 - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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		REGISTRAR				CEKITE	ICATE OF DEA	AIH	RE	G. NO.			
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	3. SEX			4 RACE	AU	5. DATE C	OF BIRTH	YEAR O	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 244
O O	CC	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?		D 🔀 NEVER MAI	RRIED 🗆	9 BALTIMORE C			DEATH	
5/1		eland		Irelan		WIDOWE		RCED	Montgo		Line.		
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od 24	USUA 130 S	AL RESIDENCE (IF NUR TATE arvland	SING HOME OR 13b. COUN Mont	OTHER INSTITUTION		E ADMISSION)	13d INSIDE CITY	LIMITS?	13e STREET ADDR	ess ns Dr.		6	
Comine	14. FA	THER'S NAME		VIDOLE	Mansfield		15 MOTHER'S M FIRS Brigid	AIDEN NAA			D	ower	ī
200		AMES VAS DECEASED EVER	(5) (1) (2) (5)		166 SOCIAL SECU					DDRESS	10	JWCT.	
medico		(ES, NO OR UNKNOWN)		WAR OR DATES)	212-68-3		Claire N (Same as		hlin	IDDRESS			
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uo smot	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	YES NO	IN CE	RTIFYING	CAUSES	OF DEATH?
d 18 s		210. ACCIDENT WAS UN OR CONTRIBUTING [] [IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c HOW INJUI	RY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM	18, PART 1 (	OR PART 2)	
orked ar	MEDICAL	21d. INJURY OCCUR	onk	1	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		cm:	18/4	9"	OUNTY	STATE
ř		22s.1 certify that (1)	othis hospit	all attended in	e range from	3	7 ((1/1)	19 /					that (1) We
n 21 is m		saw the decog	da ale on	yie- 1/ 598/	after death. 19_			n) opinion o	eoth occurred on	the date and			couses state
VT: If them 21 is πα		12th Signification	od offee on	16	Well		DEGREE ATTI	ENDING	eoth occurred on MEDICAL	STAFF		from the	couses state
PORTANT: If hem 21 is me		saw the decog	od offee on	16	rugge		DEGREE	ENDING YSICIAN	MEDICAL	STAFF HYSICIAN			couses state
MPORTANT: If Hem 21 is m	(8	12th Signification	AME (TYPE OR	PRINT)	3 m (23c. 1	NAME OF C	DEGREE ATTI	Ced	MEDICAL DIRECTOR PH	STAFF HYSICIAN [	coun	271. DATE 9/8	couses state

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL



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STATE OF MARYLAND

1.	STATE REGISTRAR					la la		1		
	CEASED NAME FIRST OR PRINT) MAX	MAX HEN	L	ENT KENT	20. DATE OF DEATH	~		26 HOUR 4 A	٨	
3 SE	× MALE	4 RACE WHITE			6 AGE (IN YEARS LAST BIR	IM			_	
C	RTHPLACE ISTATE OR FOREIGN OUNTRY POLAND ITY OR TOWN OF DEATH Dethe SDA	HENRY    A RACE   S. DATE OF BIRTH   YEAR   8. AGE (IN YEARS LAST BRIDGAT)   S. UNDER LYZAR   F. UNDER 22 HIRS   WORLD P. CALLED P. NO.   S. DATE OF BIRTH   YEAR   80   YES   WORLD P. CALLED P. NO.   S. DATE OF BIRTH   YEAR   80   YES   WORLD P. CALLED P. NO.   S. DATE OF BIRTH   YEAR   80   YES   WORLD P. CALLED P. NO.   S. DATE OF BIRTH   YEAR   80   YES   WORLD P. CALLED P. NO.   S. DATE OF BIRTH   YEAR   80   YES   WORLD P. CALLED P. NO.   S. DATE OF BIRTH   YEAR   WORLD P. CALLED P. NO.   S. DATE OF BIRTH   YEAR   WORLD P. CALLED P. NO.   S. DATE OF BIRTH   YEAR   WORLD P. CALLED P. NO.   S. DATE OF BIRTH   YEAR   WORLD P. CALLED P. NO.   S. DATE OF BIRTH   YEAR   YEA								
a)3a. S	MD. 136 CO	NTG.	GAITHERSBURG	13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN N	18700 WALK	ERS CH				
16a \	ENRY VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECURITY NO	D. 17 INFORMANT	ADDRI	ESS	WIDOWI		_	
C And Son	Conditions, if ony, which gove rise to immediate couse to, stating the underlying cause last	DIATE CAUSE (0)  DUE TO, C  (c)	RAS A CONSEQUENCE O	form It n	ne Color	IDITION GIVE	6 4	eas		
THE PART I DEATH WAS CALLED TO THE PART I DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHEY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER, NOTHEY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF C		19b. COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	man Sammer	IN CERTIFY	ING CAUSES	OF DEATH?		
	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) (1) is better the december of the control of the december of the control of the	HENRY  4 RACE WHITE  4 RACE WHITE  5. DATE MONT 4  WIDOW  DEPTETED TO THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY  MONTG.  16 EVER IN U.S. ARMED FORCES? WN)  OF DEATH  17 NAME OF HOSPITAL, NURSING HOME (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY  MONTG.  18 COUNTY  MONTG.  19 NOT WHICH OF YES, GIVE WAR OR DATES)  DEATH IENTER Only one couse per line for (a), (b), and (c) ATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  16 only, which o immediate stating the couse lost  DUE TO, OR AS A CONSEQUENCE OF  16 ONLY WHICH OPERATION  19 NO CONDITION FOR WHICH OPERATION  PERATION  19 NO CONDITION FOR WHICH OPERATION  VAS UNDERLYING 19 NO CONDITION FOR WHICH OPERATION  PERATION  19 NO WHICH OPERATION  10 NO WHICH OPERATION  11 N	AR 9 211 LOCATION ) STREET  Lond that in (my) (of) opinion  DE GREE  ATTENDING	211 LOCATION STREET CITY OR TOWN  The desired of the date and hour  DEGREE  ATTENDING PHYSICIAN DIRECTOR PHYSICIAN				COUNTY STATE:  19.22 , that (I) (wa) fost ir and from the couses stated		
	G. STUART SO	COTT M.D		IO4OI OLD (	GEORGETOWN F	D. BE	TH., MD			

TO FUNERAL DIRECTOR: Afre should be detoched for use os with the Stote Dept, af Heolith

DHMH - 16 50M 1/76 (VR A 15 (4))

onsit per or Item 18 shaws

MPORTANT: If Item 21 is

230. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION IO-I-79

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY CEDAR HILL CREM.

73d. LOCATION COUNTY SUITLAND, MD.

STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOSEPH GAWLER'S SONS SINC. 5130 WISC. AVE., N. W. WASH., D. C. 20816

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requires that the death certificate be executed within 24 hours after death. Page 4 may be

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injury, or other troumotic event, th

MPORTANT: If Item 21 is marked or Item 18 shows any

10 FUTERAL DIRECTOR: After this certificate has been signed by the ottending physician input the detached for use as the burial-transit permit. Then please remove carbon papers. Permit the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIEMA

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- STATE REGISTRAR			DEI ARTIN		ICATE OF DEATH	TOILIA	REG. NO	<b>Г Б.</b> О.		
DECEASED NAME	FIRST	-	MIDOLE	L	AST	2a DATE	OF DEATH	MONTH	OAY YEAR	26 HOUR
(THE OKT KATT)	JOHN	FRA	ANCIS	KE	ERINS		SEPT	18	1979	1315
I. SEX	4	RACE		5 DATE C		6 AGE	IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HI
MALE		CAUCASI	AN	SEF		61		YRS.	MONTHS DAYS	HOURS MI
a BIRTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	DXX NEVER MARRIED	9 BALTI	MORE CITY O	R COUNT	Y OF DEATH	
HODE ISLAND		U.S.		WIDOWE	, ,, ,	MON	TGOMER'	Ý		
O. CITY OR TOWN OF D	100	(IF NOT IN SUC	H FACILITY, GIVE STREET A	DORESS)	OR OTHER INSTITUTION	(TYPE OF V	AL OCCUPATI	F WORKING LI	FEI INDUSTRY	OF BUSINESS (
BETHESDA			L NAVAL N		AL CENTER	SYST	EMS ENG	JINEE	R	
JSUAL RESIDENCE (IFN 30 STATE VA	FAIRF	Υ	FALLS CHU	ν	136 INSIDE CITY LIMITS?	130 STRE	ET ADDRESS	NCE DI	R	
FATHER'S NAME		DIE.	1167		15 MOTHER'S MAIDEN					
JOHN	F	DDLE	KERINS		ALICE		WIOOLE		SMITH LAS	21
WAS DECEASED EV	ER IN U.S. ARMI		166 SOCIAL SECU	RITY NO	17 INFORMANT		ADDRE	SS		
- YES	1 00	ears	038 07 5	341	JANE KERIN	S 2920	LAWRE	NCE D	R, FALL	CHURCH
Conditions, if o gove rise to i couse (o), sto underlying cou	mmediate ting the	DUE TO, O	BRONCO P  R AS A CONSEQUE  R AS A CONSEQUE	nce of	NIA					
	gnificant co	INDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	rminal dise	ASE OR CON	DITION GIV	VEN IN PART 1	0
190 DATE OF OPEN	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A YES	UTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES ES 🔀	
OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	21c HOW INJURY OCC	JRRED (ENTE	NATURE OF INJUR	RY IN ITEM 18, I	PART 1 OR PART 2)	
(IF EITHER, NOTIFY MEI  21d IN JURY OCCU  WHILE NOT AT WORK AT	WHILE WORK	21e. PLACE (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
sow the dece obove, XI (we	X) (this hospito osed alive on ) (did) X)X X	18 SEPT	e deceosed from 19 ofter death.	7.0	PT 1979 , 19 nd that in (1 <b>X</b> ) (our) opini	on deoth occi	18 SEP		ur and from the	
22b, SIGNATURE	1 Crane	_ bot m	Jum		MD ATTENDING	MEDIC	AL STAF		22c. DATE	SIGNED SEPT 79

22e ADDRESS

CRANE LT MC USN

Falls

Church Funeral

NATIONAL NAVAL MEDICAL CENTER

23b. DATE 9/21/1979 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Arlington National Cem. 24 FUNERAL DIRECTO

Falls Church, Va.

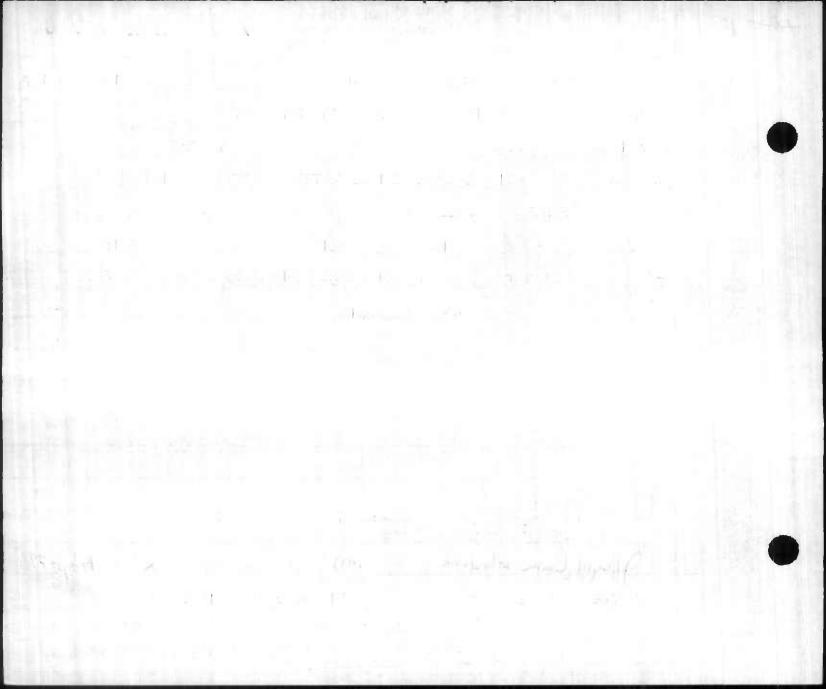
Arlington, Virginia

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VR A15 ME (5)) 15M 7/76

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	1-:	FOR STATE REGISTRAR		and the second second	EPARTMENT O	FHEAL	MARYLAND TH AND MENTAL I CERTIFICATE	2	4	<b>3</b> 0	0	0
1		CEASED NAME OR PRINT)	GRACE		MIDDLE	K	NIGHT		OF ESTI-	Sept	1019 7	2b. HOUR 9 3:45M
	3. SEX		White	5. DATE OF BIRTH MONTH DAY	937 6. AGE (IN LAST BIRT		JNDER 1 YR. IF UNDER	R 24 HRS.	2c. DATE PRONOUNCED DEAD	opet ?	10,5-7	9 9 4 5 9 9 4 5
120	W 10. CI	ash., D	.C. F DEATH		ITAL, NURSING HO	WIDO ME, OR O S)	RIED DIVORG	CED D	9. BALTIMORE CITY OR COMPANY OR COMPANY OR COMPANY OF COMPANY OF COMPANY OR C	WORK 12b.	KIND OF E	MD. BUSINESS STRY Wildlif
35		residence (# ryland	FIN HURSING HOME OR MONE OR MONE OR	other institution, give	RESIDENCE BEFORE ADM		13d. INSIDE CITY LIMITS? YES X NO	1	EET ADDRESS	rive	F	ed.
500			squale Pu		LAST				MIDDLE Rao		LAST	
1	N N	AS DECEASED S, NO, OR UNKNOW O	EVER IN U.S. ARM (IF YES, GIVE W		579-46-3		William K	nigh	t, same as #:	13		
	7	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)									BETWEEN ON:	SET AND DEATH
2	CERTIFICATION	19a. DATE OF C	OPERATION	19b. CONDITI	ON FOR WHICH OF	ERATION	WAS PERFORMED?			]2	0 AUTOPS	
3	MEDICAL CERT	21a EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC	OR G CAUSE OF DE	P.M. 21e. PLACE O	MONTH DAY YE	AR	OCATION	ED (ENTER )	NATURE OF INJURY IN ITEM 18 PART	T I OR PART 2)		
	M	AT WORK		of the remains descr		Auto Suicide [	psy , Inspection Hamicide , TITLE (SPECIFY)	Undet	Inquiry , and in ermined manner ,	DATE		STATE 10, 1879
2		EXAMINER'S N (TYPE OR PRINT	T)	ohn M. Ba					Georgetown Ro			
	1230.BL	urial, CREMATI	ON,REMOVAL 231	09-13-79	23c. NAME OF C		aven	CITY	OCATION ORTOWN  1ver Spring.	Mont		STATE

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home, Inc. 11800 New Hampshire Ave., Silver Spring, Md.

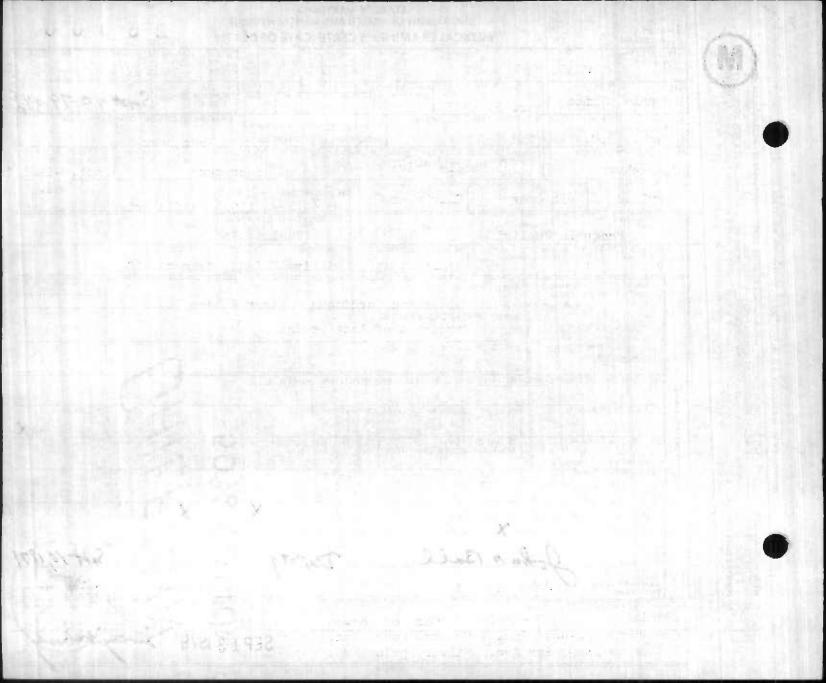
Spring,

250. DATE SEED BYREGISTRAR 356. REG

Mont. .

BP DHMH - 17 (VR A15 ME (5)) 15M 7/77

24. FUNERAL DIRECTOR



within 24 hours

executed

low requires that the death certificate be

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lr	e

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

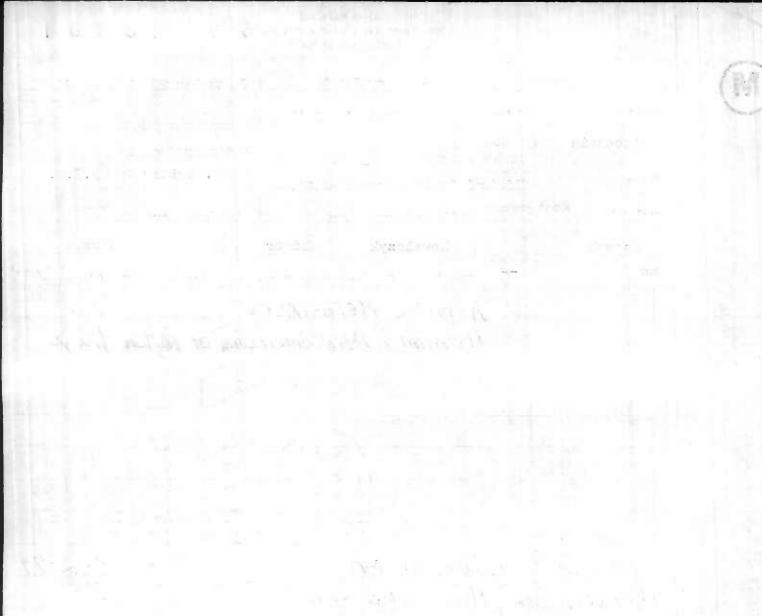
	-				
9	9	3		n	
-	to	9	6	2	

		REGISTRAR		CLKII	IICAIL OF DEATH	REG. N	O.					
		CEASED NAME FIRST	MIDI	DLE	LAST	20 DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR	A		
	(TITE	Kath	У	Kor	valczyk	September	22. 10	979	77:35			
	3. SE	X	4 RACE	5 DATE	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24			
	F	emale	White		17, 1944	35	YRS	ONTHS DAYS	HOURS	MIN		
	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY? 8	ED INEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
e				WIDOW		Montgomery				MD.		
,		TY OR TOWN OF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST		126 KIND O	OF BUSINESS	5 OR		
4	1	thesda AL RESIDENCE (IF NURSING HOME O	Clinical		hesda, Md.							
200	13a S	STATE		CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		0.05	(0			
2		ryland	G	aithersburg	YES NO NO NAIDEN NA	20 Good	Port Ct	207	60			
61	14. FA	FIRST	MIDDLE	LAST	FIRST	MIDDLE		Clarence				
<u> 26</u>	16a V	Joseph WAS DECEASED EVER IN U.S. AF	PARED EODICES 2 14	Kowalczyk	Elinor	ADDRI	ECC	Chrza	an			
	9		E WAR OR DATES)		17 INFORMANT				ahc	(ave		
				96-42-7687	Mr. Daniel D	uggan, Husb	and, NC	100				
		18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUSE	nly one couse per lin	e for iai, (b), and ic	MATROTHO	20		BETWEEN	MATE INTERVAL ONSET AND DE	ATH _		
		IMMEDIA	TE CAUSE (a)	epalic 1	16/193/1936	7		1/4	r.	_		
		1541	DUE TO, OR	S A CONSEQUENCE OF	11000		D +	10				
		Conditions, if any, which	( 1b) M	ETASTOTIC	Afeno Corci	NO1415 OT 1	recluy	1,2	412-			
		gave rise to immediate cause (a), stating the	DUE TO OR A	S A CONSEQUENCE OF								
		underlying cause last	(c)									
		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	a			
	ō Z											
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		,		
1	<b>≣</b>					YES NO	YES		NO [			
	Ü	210. ACCIDENT WAS UNDERLYING	216 TIME OF II		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)				
-	18	OR CONTRIBUTING CAUSE OF DE	AIH	19								
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF		211 LOCATION STREET	CITY OR TO		COUNTY	STATE			
	E	WHILE NOT WHILE T	(AT HOME, STREET	, FACTORY, OFFICE, FARM, ETC.)	SIRCET	CITY ON TO	VN	COUNTY	SIAIE	,		
		22a I certify that (hy(this hosp	ital) attended the d	deceased from Sep.	22. 19 79	to Sentem	her 2219	79	that OK (we)	) lost		
		220 I certify that (1x(this hosp saw the deceased alive or above, (1x(we) (did 1xxxxxxx	September	r 22 19 79	and that in 📉 (our) opinion	death accurred on the d	ote and haur c	and from the	causes state	d		
		22h SIGNATURE	2	er dedin.	DEGREE			22c DATE	SIGNED			
		Menueth (	PART M	ice tain 1	1) ATTENDING PHYSICIAN [	MEDICAL STA		19-2	12-7	9.		
h	1	224 PHYSICIAN'S NAME (TYPE	1		72e. ADDRESS Nation	nal Institut	es of	Health	1	-		
		Kenneth C	RAIG MI	cetich MC	Clinical Cer	nter, Bethes	sda. Ma	rvland		24		
	23a B	BURIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY OF CREMATORY	23d LOCATION		OUNTY	STATE			
	1	Burial	9/26/79	Gate	of Heaven C			pring	, Md.			
	24 FU	UNERAL DIR Tyson Who		neral Home	25e. DAT	E REC'D. BY REGISTRAR	25b. REGISTRA	R'S-SIGN	MRESTAND	ly		
		1331 Rockvi	lle Pike	Rockville	, Md.	3FL 7 0 1215	1	/	4	/		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled into the with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If them 21 is marked or Item 18 shows any injury, an other traumatic event, the medicabazaminer must be cultied at any and TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician. BP. DHMH - 16 50M 1/76

(VR A 15 (4))



			FOR			DEPART	STA MENT OF		ARYLAN AND M		HYGIEN	IE ro	0	1009	. 0	2	
	0/		STATE REGISTRAR		MEI	DICAL	EXAMIN	ER'S	ERTIFIC	CATE	OF DE	ATH	REG. NO	2	, 0	6	
-	X		CEASED NAME OR PRINT)		Table II W.	WIDDIE	The sale		RAUSS	5)		20. DATE K	NOWNXX	MONTH	DAY YEAR	26. HOUR	
pas	2888		MELL	SARAH					RABSS			DEATH A	MATED	9-3	0- 179	PAN	
N	ON STR	3. SEX	MALE	4. RACE WHITE	5. DATE OF BIRTH		6. AGE (IN YE. tast BIRTHD.	AY) MONT		HOURS	R 24 HRS.	2c. DATE PRONOUNC DEAD	CED	9-30-		28. HOUR 555	
	FOR CALLED	70. BI	RTHPLACE (S REIGN COUNTRY) MARY LA		76. CITIZEN OF WH	IAT COUN	ITRY?	8. MARR WIDOW	_	VER MAR DIVOR	-	9. BALTIMO			COUNTY		
2 24	PAGE 5		THESDA		11. NAME OF HOSE	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. US FOR SUBURBAN HOSPITAL							7b. KIND OF B OR INDUS HECHT	USINESS			
1201	RETAIN 3 T	13a. S	RESIDENCE ARYLANI	LIBY CORN.	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. SITY OR TOWN BALTIMORE										. T-2 ARK DR. #21215		
E, MD. 2	PM 3.	14. FA	THER'S NAME		BAKER <sup>LAST</sup>				ER'S MAIL	DEN NAME	MID	DLE	РОТ	LOCK			
TIMOR	WITH FORM PAGES 1 A DIVISION OF	16a. V	AS DECEASE S, NO, OR UNKNO NO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		S-10-24		17. INFORA		USS	6946 N	ADDRESS MILBRO	OK PA	ARK DR.		
ST., BA	M 18. G NG WIT RMIT. PA		18 CAUSE C PART I DE	ATH WAS CAUSED		-	), and (c).)	TI	1507	APT.	T-2	y Ac	21215		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH	
RESTON	ENCILINITE ENCILINITE TRANSIT PE ENTAL HYGIE REMOVAL.	Conditions, if ony, which gave rise to immediate  (b) Cardio Vascular Disease															
W 101	ZX Z X X	74		stating the under-	DUE TO, OR			OF									
RDS, 3	DICAL POICAL PART HAND	7	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH E	BUT NOT RELA	ATED TO THE TERM	INAL DISEAS	E OR (DNDITIO	N GIVEN IN P	ART 1 (a)				744	111-7,2	
RECO	PEND FF WEIGH FE AS HEALT	CERTIFICATION	190 DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	'AS PERFOR	RMED?		X 101			20 AUTOPS	1?	
VITAL	WORD THE CHIE TO BE US BURIAL	RTIFIC	21 EVIEDA	AL CAUSE WAS			Tille							YES NO			
ONO	FOSTO K		UNDERLYING CONTRIBUTI	OR NG CAUSE OF D	DEATH P.M.	. MONTH	DAY YEAR			OCCURR	RED (ENTER	NATURE OF INJUI	RY IN ITEM 18 PA	ART I OR PART	2)	a ha	
DIVISI	P. D. S. D. S.	MEDICAL	WHILE AT WORK	DCCURRED  NOT WHILE C	21¢ PLACE C				CATION			CITY OR TOWN	N	COUN	ity	STATE	
6	K F O #	H	22a. l certi		e of the remains desc	cribed abo		Autop			on XI,	Inquiry (		d in my apin	nion		
	# 5 € 5 €		ACTUAL		John to B	Accident	l 30	icide	TITLE (S	SPECIFY)				DATE SIGNED	Septa	0 1979	
	EXECUTE THE CASE OF THE CASE O	-	EXAMINER'S	NAME /	JOHN G.	BALL	, M.D.		ADDRESS_	1	MED	ICAL EXAMI	NER	SIGNED			
	25.0	23o. BI		TION,REMOVAL 2		23c. 1	NAME OF CEA	METERY C		ORY	A 11-18-W	CATION BALTIM	ORE	COUNT	ЙARYLA	AD.	
	BP	24 Ft	JNERAL DIREC		EVINSON &					25e. DATE		REGISTRAR		3.7			
(	/R A15 ME (5)) 15M 7/77		601		STOWN RD.		LTO.,		1215	OCT	4	1979	prop	my see	theody		
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2 - 77 -02-6	U U U		
26 er -06-e 15		3-11-17	erne cinca
PUNTO SERBOATA			
		ANTERIOR INTERIOR	AGENTE
Barries Committee	arton Long		
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 haurs after death with the State Dept. of Health and Mental Hygiene prior to burnol, cremotion, or removal.

injury, or ather troumotic event, the

IMPORTANT: If Item 21 is marked at Item 18 shows

executed within 24 haurs after

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicion.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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9110		-700		

1	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH AND A			REG. NO.	3 0	0	3	
	CEASED NAME	FIRST		WIDDLE	L	AST		20. DATE OF DE	ATH MONTH	DAY Y	EAR 2	26 HOUR	-
Ì	,	ANA		C.	KU	JHLMAN_			Q	.10	70	P. 1	M
3. SE	X	4	RACE		5. DATE C		YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER		IF UNDER 24 HRS	_
	FEMALE		WHIT	E	01	19	01		78 Y	RS.	DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUN	MARRIEI	D NEVER M	ARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEA	тн		
	MARYLAND		U.S.		WIDOWE	NO XIO	ORCED [	MONTGON	ÆRY CO	UNTY		M	D.
)0 C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NE	URSING HOME O	R OTHER INST	ITUTION	12a USUAL OCO				BUSINESS OF	1
-	LLVER SPRIN			HOLY	CROSS HO	SPITAL			MAKER				
13a	AL RESIDENCE (IF NURS STATE IARYLAND	BALTI	Υ	13c CITY OR		13d. INSIDE CI	TY LIMITS?	13e STREET ADD 1113 I	ORESS OORCHES	TER AV	ENUF	2	
14 F	ATHER'S NAME	MI	DDLE	LAS	MANOR		MAIDEN NAM		NDDLE		LAST		_
	GEORGE	P			EIBER		HRISTI		TOOLS.	WI	LHEL	M	
	WAS DECEASED EVER	IN U.S. ARM		166 SOCIAL	SECURITY NO.	17 INFORMA	NT		ADDRESS				_
	NO			213-3	4-0683	CATHER	INE EC	KMAN, 11	L13 DOR	CHESTE	R AV	ENUE	
	Conditions, if ony gove rise to imm couse 101, static underlying couse	nediote ng the lost.	(0)		SEQUENCE OF						34	n	
IFICATION	PART 2. OTHER SIGN				HICH OPERATION			200 AUTOPS	Y? 20b. IF	YES, WERE F	FINDING		
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH		M. MONTH	DAY YEAR	21c. HOW INJ		ED (ENTER NATURE			(RT 2)		_
ME		HILE [7]			FFICE, FARM, ETC.)	STREET		e l	Y OR TOWN	COUNT	ΙΥ	STATE	
	22a.l certify that (I) sow the decease obove, (I) (we) (c	AME (TYPE OR P	view this body	otter death	1979 on	DEGREE AP 22e ADDRESS 230	TTENDING E	death occurred of	STAFF PHYSICIAN	hour and fro	1	X	(5)
23a. I	BURIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	23b. DATE 09-13	-79	23c. NAME OF C			23d. LOCATIO CITY OR TO: BALT I		COUNTY	MARY	LAND	

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

SEP 4 1979

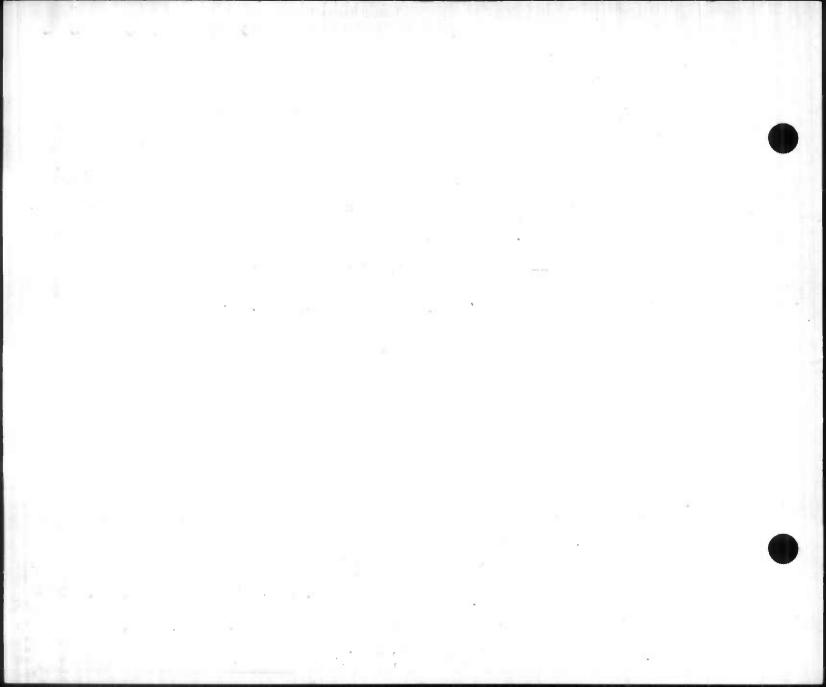
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	1	FOR	DER		OF MARYLAND	init of 9	3 0 0	, i
9	1	- STATE REGISTRAR	DEP		EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	3 0 0	
1	1. DE	CEASED NAME FIRST	MIDDLE	KuH	NLE	20. DATE OF DEATH MONTH	DAY YEAR 7	3 15A
the s	3. SE	Female 6	RACE	5. DATE O MONTH	F BIRTH DAY YEAR 7 82	6 AGE (IN YEARS LAST BIRTHOAY)		# UNOER 24 HRS
d of once.		IRTHPLACE (STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COL	INTY OF DEATH	0
opingo opingo	10 C	11+eaton	NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME O		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		BUSINESSO
35	USU 130	AL RESIDENCE (IF NURSING HOME OR OT STATE 136. COUNTY	HER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		13e STREET ADDRESS 103 Southu	1 1 -1	c
50 Spanine	14. F.	ATHER'S NAME		T	15. MOTHER'S MAIDEN NAM WILHELMI	MIDDLE	PAGENHARDT	
medical		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES)	SECURITY NO. 72 - 7383	MARY EVELY	ADDRESS N TENNEY SAME	AS 13 DA	AUGHTEI
event, the	Г	18 CAUSE OF DEATH (Enter only a PART I. DEATH WAS CAUSED E	no back	b), and (c). 1	malnutvic	Im	APPROXIMA BETWEEN ON	ATE INTERVAL NSET AND DEATH
ofic of		Conditions, if ony, which	DUE TO, OR AS A CONS	SEQUENCE OF			1 h	Ann
ural, crematian, , ar other traum		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	SEQUENCE OF				
2 6	NOI	PART 2 OTHER SIGNIFICANT COI	nditions <u>contributing</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)	11-15
n woods	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200. AUTOPSY? 206. I	F YES, WERE FINDING ERTIFYING CAUSES O YES []	GS USED OF DEATH?
or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)	
ked	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is		22a.1 certify that (I) (this haspital sow the deceased glive on above, (I) (we) (did)/(did not) v			d that in (my) (our) opinion o	, to death accurred on the date and		not (I) (we) lo ouses stated
AT: # Hem		226. SATURE LULL	hr		PEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR D PHYSICIAN	Sept 1	7,979
IMPORTANT: #		22d. PHI TAN'S NAME (TYPE OR PR	(Achthar		5401 Wester	n are was	4 D-C	
3 ≤	23a.	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	9/20/79	PHILOS	CEMETERY OF CREMATORY	WESTERNPORT	COUNTY MD.	STATE
\7/77 ))	24 F		STILLED SPOT		A PP P	2 4 1979	GISTRAR'S SIGNAPUR	RE
			STINEY SEKTI	WID A CL	I OLI			/

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EV SAVIE AS 15 TALIGNMEN	1 1 1 1 1 1 1 V	1477	C - 10 d		
gken i T					
A STATE OF THE STA					
EPNEOUT NO.	23, , , , , , ,				
					BULA UT OF BOTH

HO HOSPITAL ON ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

- 1	1 -	FOR STATE REGISTRAR		DE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 3 0 0 5 CERTIFICATE OF DEATH  REG. NO.								
	TYPE (	OR PRINT)	RIST .	Elai	re LA	4 BBR	20 DATE OF DEATH	MONTH DAY	79 6"5				
	3 SEX	JEMAZ RTHPTACE (STATE OR FORE	IGN 7h CIT	CAUCAS TIZEN OF WHAT COU	S. DATE ( MONTH	29 30	6 AGE (IN YEARS LAST BIR  # BALTIMORE CITY C	MONTHS YRS.	DAYS HOURS MI				
75	co	Pennsylvan	ia	USA	WIDOW	D NEVER MARRIED DIVORCED DO OTHER INSTITUTION	MONTEC	MERY	KIND OF BUSINESS				
70	B	ETHESOA AL RESIDENCE IN HURSING	5	FNOT IN SUCH FACILITY, GIV	VE STREET ADDRESS)	P	(TYPE OF WORK FOR MOST O	OF WORKING LIFE) IND	clerk				
35	Ma	ryland M	ontgom	ery Roc	RVIIIe	131 INSIDE CITY LIMITS? YES INO [	13. STREET ADDRESS.	llage Sq	#402 uare Teri				
\$51		Guy EIRST	HOOM		tabley	IS MOTHER'S MAIDEN NA TSabell	a moore	9	Uffleman				
ol. the medical	6a W	AS DECEASED EVER IN ES, NO OR UNKNOWN) (1	U.S. ARMED F		24 8703	Sherwood LaB	ar (husbar		as 13e				
a burial, cremation, o ijury, or ather traumal	NC		vhich diate the last.	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  ITIONS CONTRIBUTIN	NSEQUENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN P	PART I(o)				
giene prior	CERTIFIC	190 DATE OF OPERATIO		% CONDITION FOR	WHICH OPERATIO		200 AUTOPSY?	IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?				
/		218 ACCIDENT WAS UNDER	Land .	16. TIME OF INJURY		21. HOW INTURY OCCUPY							
Mental or Item ]	8	(IF EITHER, NOTIFY MEDICALE	EXAMINER)	P.M.  10 PLACE OF INJURY	19	211 LOCATION	RED JENTER NATURE OF INJU						
e Dept of Health and Mental If Hem 21 is marked ar Item	MEDICAL	(IF EITHER, NOTIFY MEDICALE  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (1)	EXAMINER)  21  (//	P.M.  18 PLACE OF INJURY AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)  I from		CITY OR TO	volume course of the course of	NTY STATE				
State Dept of Health and Mental NI: If Item 21 is marked ar Item	MEDIC	(IF EITHER, NOTIFY MEDICAL E 21d IN JURY OCCURRED WHITE NOT WHITE AT WORK AT WORK  22e.1 certify that (1) (1) saw the decased above, (1) Cold and	EXAMINER)  21  (//  ity hospital) of olive on hidded not) view	P.M.  The PLACE OF INJURY AT HOME, STREET, FACTORY, at the deceased the deceased by the body offer death.	OFFICE, FARM, ETC.)  I from	211 LOCATION STREET  19 9  nd that in (my) (occ) apinion of the property of th	city OR TO	ote and hour and fr	state  f, that (1) (1) (1) (1) om the couses stated in DATE SIGNED  (2/28/)				
with the State Dept of Health and Mental	23a B	(IF EITHER, NOTIFY MEDICAL BY INJURY OCCURRED MINJURY OCCURRED MINJ	EXAMINER)  21 (1/ (1/ (1/ (1/ (1/ (1/ (1/ (1/ (1/ (1	P.M.  1e PLACE OF INJURY AT HOME, STREET, FACTORY,  Ittended the deceosed 2-7 The body offer death  DATE 10/1/79	OFFICE, FARM, ETC.)  I from 19 79 . of  23( NAME OF C. Park.)	DEGREE ATTENDING PHYSICIAN PARTS TO ADDRESS 5411 W. Ced	city or to	ote and hour and from [226]	om the couses stated to DATE SIGNED  Md. 2001				



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME DATE KNOWN MONTH 2b. HOUR OF ESTI-(TYPE OR PRINT) ORGAN DEATH MATED 19 2d. HOUR SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 2 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OF COUNTY OF DEATH 7g. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED WIDOWED Ama & v A. AND 3 TO THE FU.

3. RETAIN PAGE 5. SHOULD BE FILED.

IL RECORDS: 401 W. ORFGON 12b. KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR TOWN OF DEATH OR INDUSTRY FOR MOST OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SOLAREX CORP USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE YES T NO L OFWITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST PAGES 1, MIDDLE MIDDLE LAST FIRST MORGAN MAUDE AFKY ALBERT FORM ADDRESS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO DIVISION PAGES P (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WIFE SAME 533-20-0768 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) œ CHIEF MEDICAL EXAMINER ALONG V USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 190 DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOU EXECUTE THE CERTIFICATE, WRITING THE WORD PORGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BIRBAL, YES NO DE TO BURIAL 710 EXTERNAL CAUSE WAS 16. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH TIE. PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STATE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion Inquiry death resulted fram: Notural causes Accident Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINED'S NAME ADDRESS 1919 SEMINARY ROAD SILVER SPRING MD. ROGERS (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY MARYLAND CHELTENHAM CHELTENHAM 24. FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 500 UNIV. BLVD. W. SILVER SPRING. MD. 15M 7/77

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME TYPE OF PRINT Sept. 28, 1979 **JENNIE** LAVINE 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX MONTH Female White June 18, 1895 84 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Montgomery Maryland USA WIDOWED DIVORCED IQ. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFE F NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Silver Spring Holy Cross Hospital Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 3001 Veazey Terrace N.W. Washington D.C. YES A NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDH (unknown) Abraham Goldstein Lena 17 INFORMANT ADDRESS Wash., D.C. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Stanley Lavine: 3627 Alton Pl., NW 577-34-6554 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY adenocarcinema metastatic DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? be NOES YES [ NO F 21m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2 L. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from \_\_\_\_ aur Sept. 28 19 79 sow the deceased alive on the body after death and the in (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING # MEDICAL 9 - 29 - 79should be deto with the Stote IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 8830 Cameron St., Silver Spring, Md. Bernard Heckman, M.D. 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE Burial Adas Israel Cem. | Washington, DC ROCKVIIIe, Md | 250. Date REC'D. BY REGISTRAR | 250. REGISTRAR'S SIGNATURE 10 - 2 - 7924 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Danzansky-Goldberg Chapels 1170 Rockville Pike (VRA 15(4))

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Chambers Funeral Home Riverdale, Maryland

FOR

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24 FUNERAL DIRECTOR

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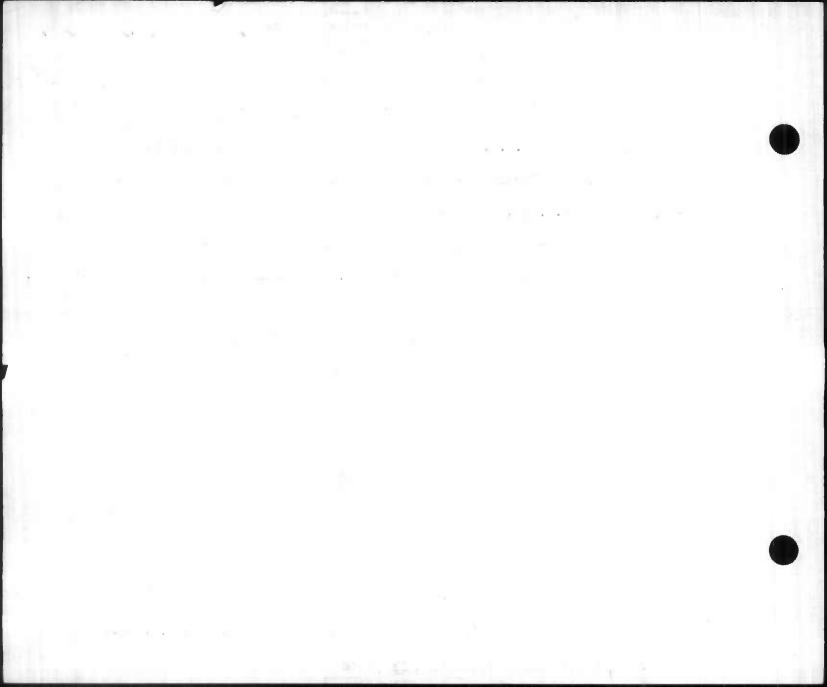
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

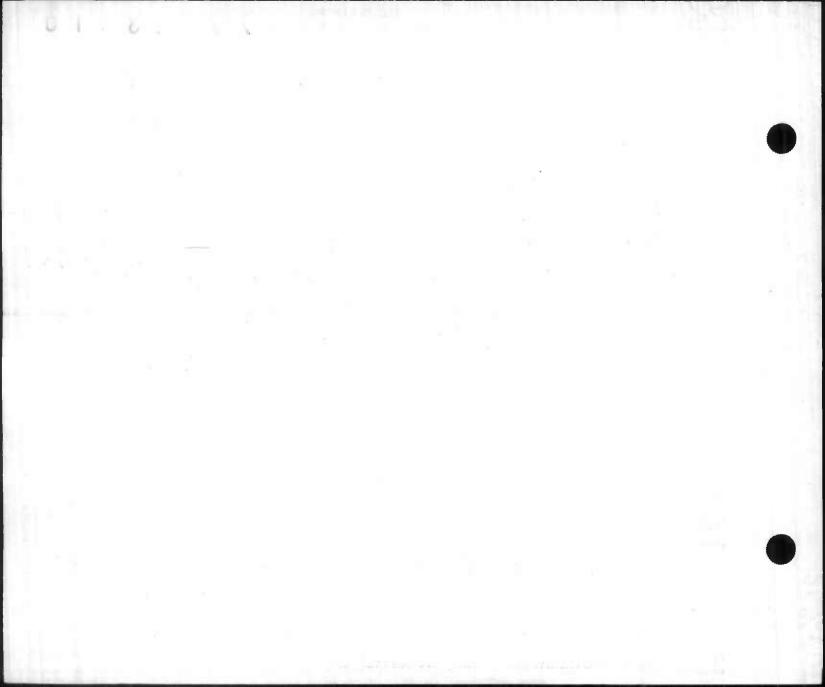
CERTIFICATE OF DEATH

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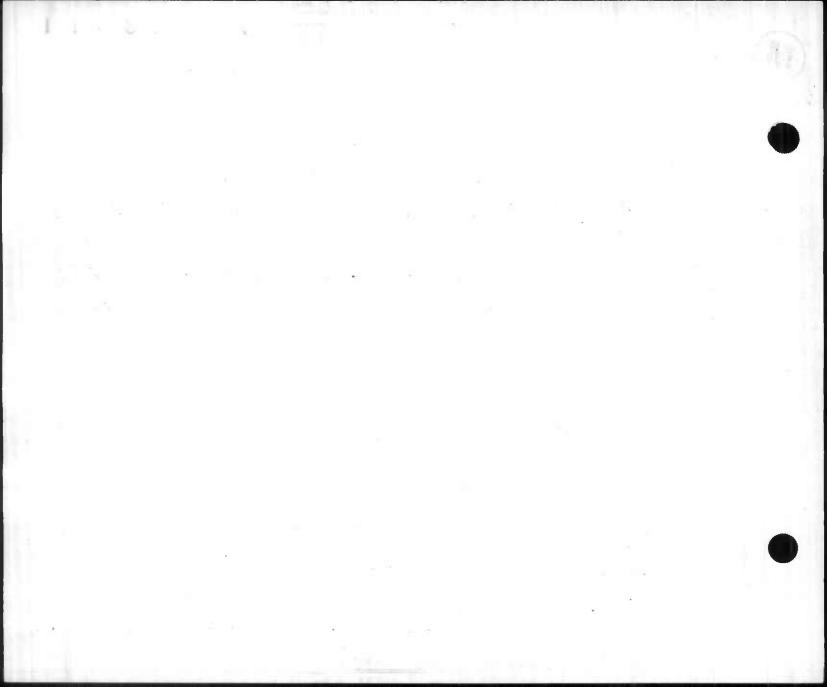


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STATE OF MARYLAND

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IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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130 5	AL RESIDENCE (IF NURSI STATE ARY LAND	135 COUNTY	ORGES	GIVE RESIDENCE BEFORE  130 CITY OR TOWN  HYATTSV	V I	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 6724 25th	AVENUE		
	ATHER'S NAME AMUE L	MIDD	LE	DOSTK		S MOTHER'S MAIDEN NAME NETTIE	WE	В	AUM LAS	51
16a V	WAS DECEASED EVER I YES, NO OR UNKNOWN) NO	N U.S. ARMED (IF YES, GIVE WAR		579-09-1		MIRIAM EINBII	NDER 6724 2	ess 5th AVEI	VUE,	ONA IV
	18 CAUSE OF DEATH PART I. DEATH W.	Enter only of AS CAUSED BY IMMEDIATE C	(: AUSE (a)	2 /	escular	thromkou EN	٥		BETWEEN	MATE INTERVAL ONSET AND DEATH
	Canditians, if any, gave rise to imm cause to stating underlying cause	ediate	ıb)	Cerebral RAS A CONSEQUE	artery NCE OF	scherosis Armoscherosis				Ermined Ermined
NOIL	1	Park dis	ease:	urinary t	racti	not related to the term	riti Couhire,	pseudom	ones)	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	20a. AUTOPSY?  YES NO	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	NGS USED S OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UND.  OR CONTRIBUTING C  (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	P.,	m, month da m.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18, PART	1 OR PART 2)	
MED	WHILE NOT WHAT WORK AT WOR	ILE C	21e PLACE ( (AT HOME, STR	DF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
	220.1 certify that (H- saw the decease abave, (I) (we) (d	d alive an	9/19	19.7	d	d that in (my) (over) apinian	ta	date and haur a		that (I+ (we) last causes stated
	Mauria	11-070	, m.D		[	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		220 DATE 9/191	SIGNED
	Maurice	Frank.	s, md			6121 Montros	Ad Rockvil	le, md.	2085	2

Pretained by the haspital or attending physician. BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

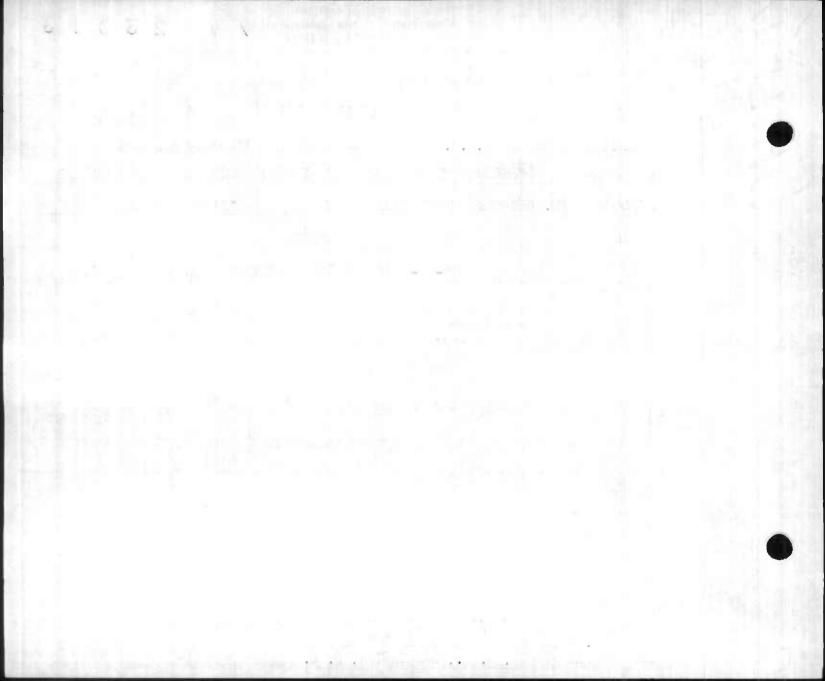
DHMH - 16 60M 1/75 (VRA 15 (4))

TO FUNERAL DIRECTOR

VIRGINIA

236. BURIAL, CREMATION, REMOVAL 236. DATE
BURIAL 9/21/1979 KING DAVID MEMORIAL GARDEN FALLS CHURCH VI

24 POUNALDECM: STEIN HEBREW MEMORIAL FUNERAL HOME 156. DATE REC'D. BY REGISTRAR'S SIGNATURE
SEP 2 4 19/9



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1. DECEASED NAME FIRST DAY YEAR 25 HOUR (TYPE OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH HOURS White Male Sept. 22, 1906 73 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIEDE NEVER MARRIED COUNTRY Maryland USA Montgomery WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Park Washington Adventist Hospital Owner Restaurant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138 STATE 136 COUNTY 131, CITY OR TOWN 136 CITY OR TOWN 136 INSIC Silver Spring YES X 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomery Maryland NO [ 1207 Oakview Drive 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE FIRST Friedman Rose Harry Levy ADDRESS Mr. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Murray D. Levy, RRte #2, La Plata, Md. 212-01-2112 No 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to AS A CONSEQUENCE OF ancer Conditions, if any, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ NOX YES [ NO I 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 711 LOCATION 214 INJURY OCCURRED 21s PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WIDE AT WORK 27s. I certify that (IT this hospital) attended the deseased from saw the deceased alive as our Bainian death occurred on the date and hour and from the causes stated above, (I)(WE)(did) (did not) new the Body after death 774 SIGNATUR DEGREE THE DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 23d PHYSICIAN MAME 77# ADDRESS 23c NAME OF CEMETERY OR CREMATORY 73e BURIAL CREMATION REMOVAL 23d LOCATION 23b DATE United Hebrew Constant Halethorpe Burial 9 - 30 - 79Maryland 24 FUNERAL DIRECTOR BY REGISTRARIZSA REGISTRARIS SIGNATURE ADORESS Rockville, Md.

Danzansky-Goldberg Chanels, 1170 Rockville Pike

DHMH-16 20M (VRA 15, 4) 7/7B

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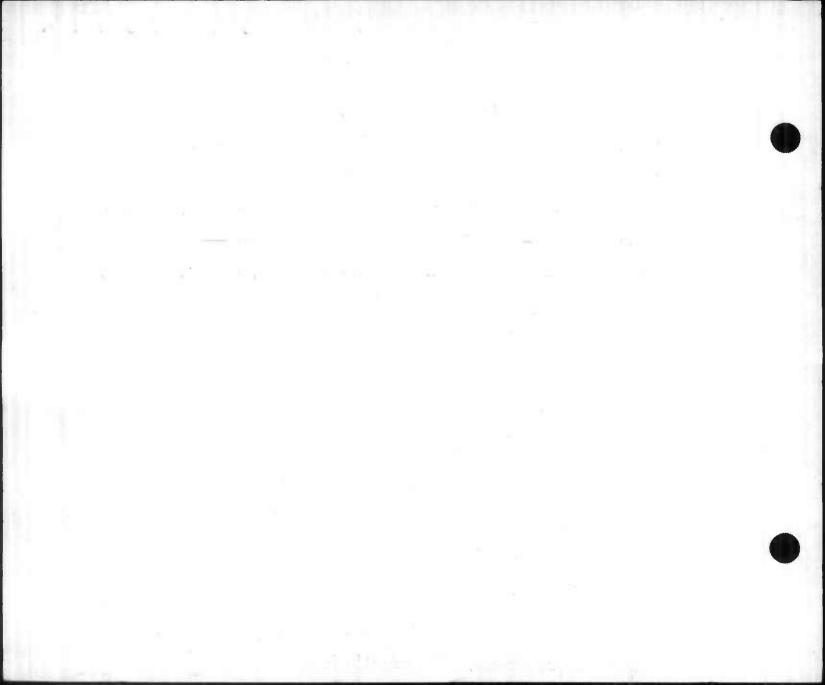
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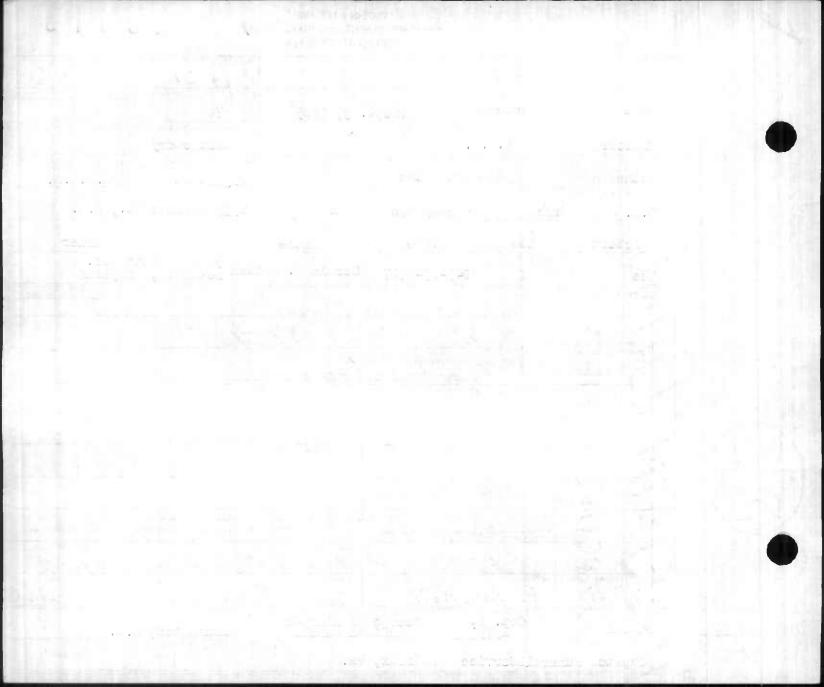
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MPORTANT



	1.	FOR STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 9	2 3 0	15							
	(TYPE	VVV	VER MIDDLE	21	ddeL	20 DATE OF DEATH	MONTH DAY YEA	710							
(1)	3. SE	x Male	Caucasian	Sept	H DAY YEAR	6 AGE/IM TEARS LAST BIR		YEAR IF UNDER 24 H							
Sond J	10	RIHPLACE (STATE OR FOREIGN DUNTRY) Missouri	76 CITIZEN OF WHAT COUNTRY U. S.A.	MARRIE WIDOWI	D MEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	н							
Monthied		TY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Fernwood House	T ADDRESS)		12g USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Physicist	F WORKING LIFE) INDUS	ND OF BUSINESS STRY A.S.A.							
ynekmuji be	130.	D.C. n/s		NN	13d INSIDE CITY LIMITS?		ess St., N	I. W.							
1001	14 F/	THER'S NAME FIRST  Robert	Lee Lidde	el	15 MOTHER'S MAIDEN NAME FIRST Lutie	MIDDLE		rner							
Pages	(	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (15 YES, GI YES WW	RMED FORCES? 166 SOCIAL SEC VEWAR OR DATES) 043-03-2		Gerald U. Lie		ickett Ter da, Maryla								
hen please remove carbon pape ta burial, cremation, ar removal ijury, ar ather troumatic event, tl	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO OF AS A CONSECULAR CONSECU	Ler HENCE OF	Cardia Unsa	what Disease OR CON	or /	Han							
shaws any in	CAL CERTIFICATION				MEDICAL CERTIFICATI		RTIFICATI	RTIFICATI	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIR IN CERTIFYING CAL YES [	NDINGS USED USES OF DEATH? NO [
ental Hy							21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONTH (	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	T 2)		
as the buri	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	VN COUNTY	STATE							
d for use it. of Heo m 21 is m		sow the deceased alive a	oitol) attended the deceased from, n	*	nd that in (my) (our) apinion of DEGREE	to 9 - 30 - 30 death occurred on the d		that (I) (we) the couses state							
D =		THE THYSICIAN'S NAME (TYPE		1	ATTENDING PHYSICIAN 2	1 7	FF 16	/1/29							
should be de with the Stote IMPORTANT:	23a. 8	William SURIAL, CREMATION, REMOVA emova.1	F. Luckett	NAME OF C	5000 F  EMETERY OR CREMATORY Washington cal School	23d LOCATION CITY OR TOWN	COUNTY	WASH.							
M 1/76		emoval  UNERAL DIRECTOR  Capitol Funera	ADDRESS	Medio	25a. PAT	Washingt	25b. Per STRAR'S SIG	NATURE							

DHMH - 16 50M 1/76 (VR A 15 (4))



TO HOSPITAL CHARTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or attending physician.

\	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 7 9 2 3	0 1 6							
)	(TYPE		ice N	Light	20. DATE OF DEATH MONTH DAY 9-26	YEAR 25. HOUR - 79 524							
	3. SE	emale	WHITE	S DATE OF BIRTH  MONTH  3 - 21 - 13	66 YRS. MON	UNDER I YEAR IF UNDER 24 HE							
sed of once.	- 0	RTHPLACE (STATE OR FOREIGN DUNTRY)	U. S. A.	MARRIED D NEVER MARRIED WIDOWED DIVORCED	MONTGOMES	F DEATH							
be notified	TA	KOMA PARK	WASHINGTON AD	VENTIST HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (AFETELA WORKER	12h KIND OF BUSINESS C INDUSTRY SCHOOLS							
er must be	13a S	MAD MANT		PARK YES NO [	13e. STREET ADDRESS 7216 MAPLE	AVENVE							
5 miles		ATHER'S NAME FIRST HAYKRY	MDDLE JUHNSON	IS MOTHER'S MAIDEN NA	MIDDLE	CLAUGHLIN							
the medico		VAS DECEASED EVER IN U.S. AI res, no or unknown) (# yes, gn	RMED FORCES?   16h SOCIAL SECT	POBLAT E.	LIGHT, 7216 MAI	PLE AVE T.							
eose remove cork iol, cremotion, or or other troumotic	CATION	CATION	ICATION	CERTIFICATION	ICATION	CATION	CATION	CATION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)		V	
prior to bur ony injury, o									CATION	CATION	ICATION	CATION	CATION
entol Hygiene entol Hygiene Item 18 shows		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	YES NOW YES [ RED (ENTER NATURE OF INJURY IN ITEM 18, PART	] NO []							
r use os the burid Health and Men Is marked or the	MEDICAL		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, (tol) oftended/the deceosed from	7/ 4/ 19-7	city or town	COUNTY STATE							
be detoched for Stote Dept of ANT: If hem 21		22d. PHYSICIAN'S NAME (TYPE	The body ofter death.	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED							
should be d	23a. E	DAVID SURIAL CREMATION, REMOVAL	CROMWELL 236, DATE 236	NAME OF CEMETERY OR CREMATORY	23d. LOGATION CITY OR TOWN	one state							
-16 20M 5, 4) 7/78	24 FI	13 WIND UNERAL DIRECTOR POMA FAMILIAL HOME	. Og Watter 25V	Canol DU NAS	Sepospyregorman 236 registra	R'S SIGNATURE							

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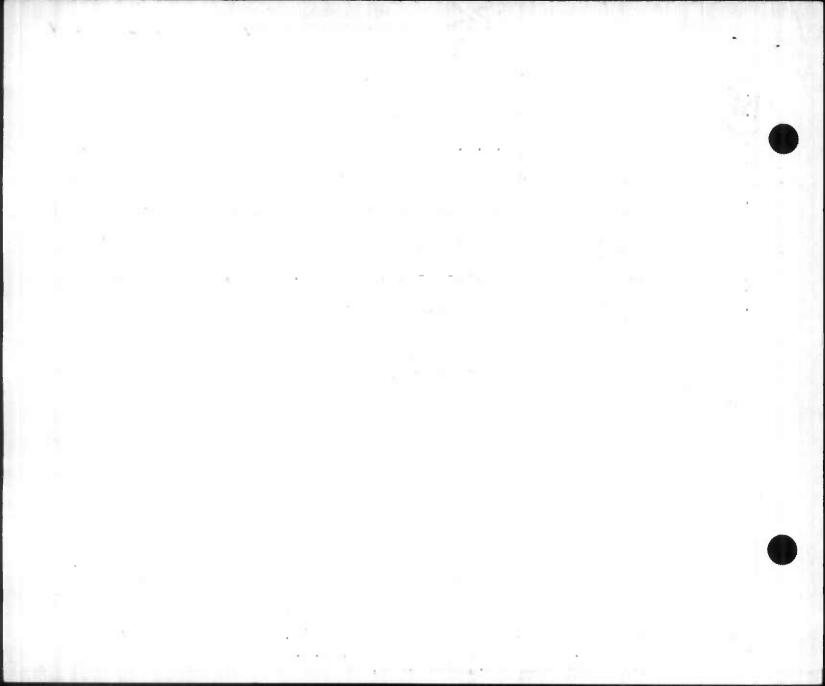
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Item 1 g539 1/2/80 gj

- STATE

REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO. MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery Co., 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Labor Negotiator INDUSTRY 216 Williamsburg Dr. Noughten ADPRESON Ridge Rd. Damascus. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

Oct. 4, 1979 24 FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md.

Cedar Hill

22c. DATE SIGNED

Suitland, Prince Georges Md 250. DATE RELID BY REGISTION OF REGISTRAR'S SIGNATURES

DHMH - 16 50M 7/77 (VR A 15 (4))

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All pur c. and, c.s. The solenville of the solen

 requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low Vetoined by the hospital or attending physician

STATE	OF	MARYLAND
SIGIR	V1	MININ I FALLED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	- STATE REGISTRAR				CERTIF	ICATE OF	DEATH	,	REG. NO	2. 0	•		
1. DE (TYPE	CEASED NAME	FIRST	/	MIDDLE	1. 1	AST		20 DATE OF	DEATH A	NONTH DA	YEAR	2b. HO	UR
	MINNI	-		G	LUT	SKY				d	6 /4	0	M
3. SE	X	4.	RACE		5. DATE C		YEAR	6 AGE (INY			FUNDER 1 YEAR		EHL4 HRS
	FEMALE		WHIT	ΓE	MAY	15	5, 1898	8	1	YRS.	511115	1.00.00	
7a BI	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVE	R MARRIED	9 BALTIMO	RE CITY OF	COUNTY	OF DEATH		
	RUSSIA		u.s.	.A.	WIDOWE		DIVORCED	mo	nta	nme	NY		MD.
10 C	ITY OR TOWN OF DEA	ATH 11		HOSPITAL, NURSIN		OR OTHER IN	STITUTION		OCCUPA, IC	N WORKING LIFE)	126 KIND	OF BUSIN	VESS OR
O	thesda	) 5	wow	HEACILITY, GIVE STREET	OSDI	al		SEAMS	TRESS	WORKING LIFE)	ALTE	RATIO	ONS
USU.	AL RESIDENCE (IF NURS	136 COUNTY	HER INSTITUTION.	GIVE RESIDENCE BEFORE		13d. INSIDE	CITY LIMITS?	13e STREET	ADDRESS				- 515
M	ARYLAND	MONTG		SILVER S			NO 🗌	1121	UNIVE	RSITY	BOULE	JARD,	, WEST
14. FA	ATHER'S NAME	MID	DLE	LAST		15 MOTHE	R'S MAIDEN NA	AME	MIDDLE		14	A S T	
M	ORDECAI	7110		GARBUS		FRI	AMA		MIDDEL		METESI	<y< td=""><td></td></y<>	
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFOR	MANT		11200 RE	INTUFR	SITY I	BIVD	w.
N		(IF TES, GIVE W	AR OR DATES;	578-56-9	463	MRS.	ESTHER	JEWLER		719	STIVE	R SPI	RTNG
CERTIFICATION	PART I. DEATH W.  3 9 9 Conditions, if ony, gove rise to imm couse (o), stotif underlying couse PART 2. OTHER SIGN 190. DATE OF OPERA	which nediote go the lost	DUE TO, O  DUE TO, O  CO  DUE TO, O  CO  REDITIONS CO  CO  CO  CO  CO  CO  CO  CO  CO  CO	RAS A CONSEQUE  ONTRIBUTING TO E  HELL  ITION FOR WHICH	ENCE OF	heg	iA,	MINAL DISEAS  DE H  200 AUTC  YES	YDR.	A-110	WERE FIND	INGS US	ATH?
MEDICAL CE	21a. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR. WHILE NOT WAT WORK AT WO 22a.1 certify that (1) sow the decession, (1) (we) (6) 22b. SIGNATURE	CAUSE OF DEATH AL EXAMINER)  RED  HILE  (this hospitol ed olive on addid) (did not)	P. 21e. PLACE (AT HOME, STE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F e deceosed from	Sepi 1	211. LOCA STRE	. 19	n deoth occurre	city or town	te and hour	COUNTY  9  and from the	, that (I)	
23a. E	DOVGLAS BURIAL, CREMATION, BURIAL		301CE 23b. DATE 9/28/	23c. N	NAME OF C	EMETERY O		11 e M RY ADE	ATION ELPHI	2085 PR.	GEORG	ES	MD.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the function should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. [MPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner myst be notified at mine.

FOR

REGISTRAR'S SIGNATURE MEMORIAL FUNERAL HOME W., WASHINGTON, D. C. HEBREW STEIN

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33		1-	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 9	2 3 0	2
			EASED NAME FIN	4 RACE	MALK!	LAST OF BIRTH	20. DATE OF DEATH	MONH DAY  MONH DAY  IF UND	THE PERSON OF TH
	(Nf)	M	ale	Caucas			70	YRS	S DAYS HOURS MIN.
	deoth. Paragraph 72 Stance.	Ja BII	RTHPLACE (STATE OR FOREIG	USA	WIDOW		MONT C	OME	RY MD.
102	by the turned of the total with	10 CI	CKVILLE		HOSPITAL, NURSING HOME CHEACILITY, GIVE STREET ADDRESS) W HOME FOR	The Age	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O None	E WORKING LIFE) IN	kind o <b>A</b> business or pustry <b>None</b>
MARYLAND 2120	filled in nould be			ntgomery	ROCKVIIIe	13d INSIDE CITY LIMITS?	6121 Mon	trose R	oad
MARYL	impletely ond 2 sh		seph	MIDDLE	Malkin	Beckey	MIDDLE		teiĥ
BALT!MORE,	n ond co	16a W	AS DECEASED EVER IN L	V.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 262-52-3212	Abraham Me	132908 21kin Atlai	nta, Ga	land Ave
W. PRESTON ST.,	that the death certificate b by the otherding physicio cose remove carban papers. I, cremotion, or removal.		18 CAUSE OF DEATH LE PART I. DEATH WAS IMM Conditions, if ony, wh gove rise to immedicause (a), stating underlying couse in	DUE TO, Coich (b)	CARDIDGE  CARDIDGE  PAS A CONSEQUENCE OF  OR AS A CONSEQUENCE OF		OCK IMATIC HE DI	ART SEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH  24 HOURS
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AL RECO	he low on. Permi	CERTIFICATION		ne	ITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? YES NO		RE FINDINGS USED CAUSES OF DEATH? NO
DIVISION OF VITAL RECORDS,	DING PHYSICIAN: To or otherding physicial After this certificate e as the buriol-transi ofth and Mental Hygi marked or frem 18 sh	MEDICAL CER	21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	E OF DEATH HOUR A AMINER) P  21e. PLACE	OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)		CITY OR TO		DUNTY STATE
•	OR ATTENION TO PROPERTIES OF THE PROPERTIES OF T		22a.1 certify that (1) (thi sow the deceased a above, (1) (we) (did). 22b. SIGNATURE	9117	19 76 1	nd that if (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	n death occurred on the di	FF 2	from the couses stoted  12. DATE SIGNED  9/12/79
	TO HOSPITAL retoined by the To Funds be det with the Stote IMPORTANT:	12a B	22d. PHYSICIAN'S NAME	D. PA	-TEL	27e. ADDRESS 6/2/	NONTROS	CRO.	ROCKVILLE

DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECTOR CHAMBERS

23b. DATE

Sept.13,79 Greenwood

23c. NAME OF CEMETERY OR CREMATORY

Fulton

230 BURIAL, CREMATION, REMOVAL BUFFLAL

Ave, Sil.Spr.Md.

AATORY 23d LOCATION COUNT COUNT LIP OF TOWN COUNT LIP OF T

IMPORTANT: If them 21 is morked or them 18 shaws any injury, or ather traumotic event, the medical exam

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requirence by the hospital or attending physician.

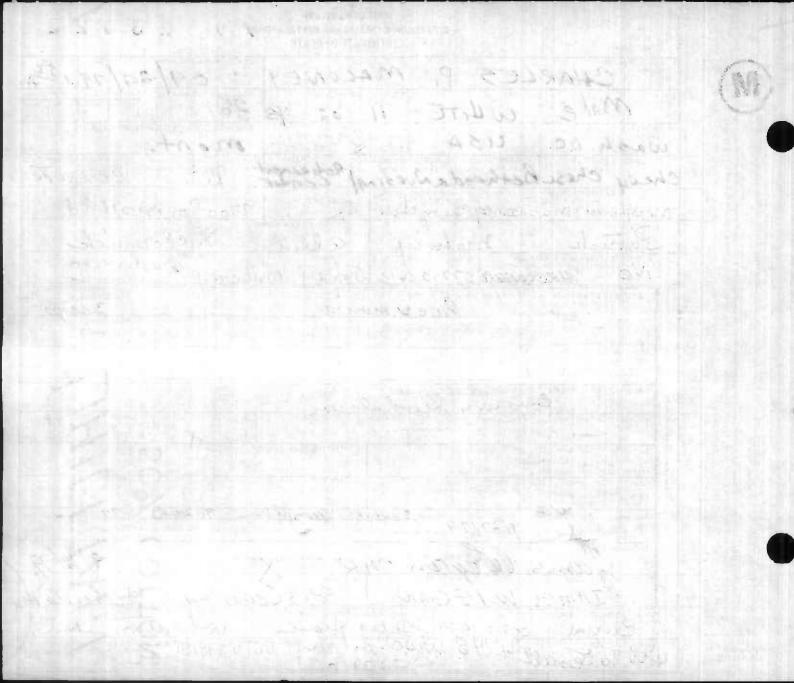
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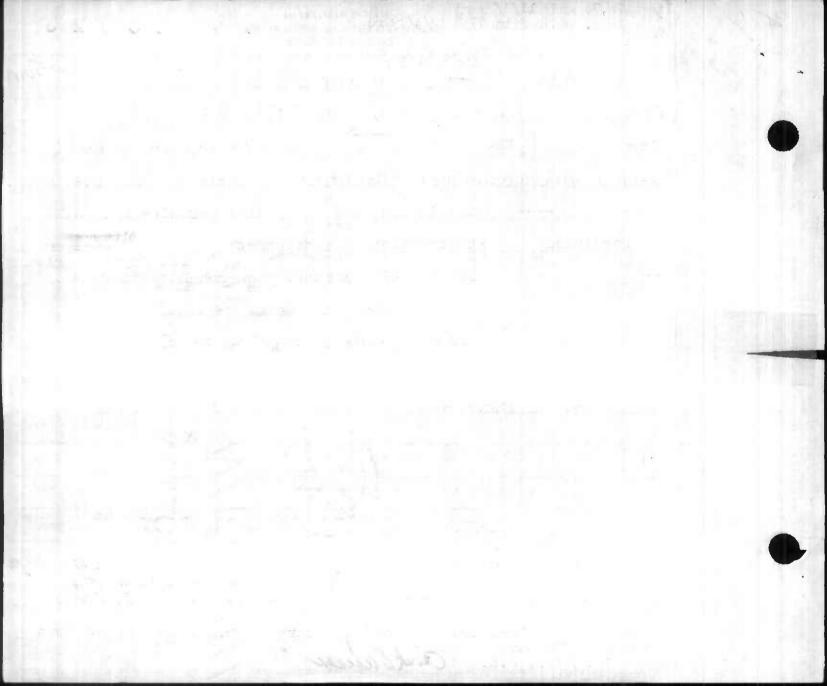
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 0

	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
I. DE (TYPE	CEASED NAME FIRST MIDDLE OR PRINT] CHARLES P.	MALONEY	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR OF THE PROPERTY OF TH
3. SE	MALE WHITE	5. DATE OF BIRTH MONTH DAY PEAR O 2.	TRS
	RIHPLACE ISTATE OR FOREIGN ON CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
10. C		WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	J20 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORKING LIFE) INDUSTRY
Ch	very cresipothesdan	URSING CENTER	Concrete
13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE STATE 136 CTY OR TOV	YES NO D	8700 Jones mill Rd
IL F	Patrick MIDDLE malone	15. MOTHER'S MAIDEN NA	me Cornick
160 V	VAS DECEASED EVER IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  577 10	S613 JOHN T. M	IBLONEY chery and my
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), or PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PRE	w monia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3. DOWN
>	Conditions, il ony, which gove rise to immediate couse (a), stating the		
	couse (a), stating the underlying couse last DUE TO, OR AS A CONSEQUE   CONSE		AINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
N N	Corconor He	al Desir	
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO
	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2]
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE,	19 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
	22e I certify that (I) (this haspital) attended the deceased from sow the deceased alive on 92777 19 19 above. (I) (waster) (did not) view the body after death.		death occurred on the date and hour and from the causes stated
	226 SIGNATURE / ams Wey Car	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF 9/29/79
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)  THME( W. 1EGA	220. ADDRESS 5413 C	edar Lu Bethesde My
23a. E	BURIAL, CREMATION, REMOVAL 236. DATE 236. DATE 236.	Sale & Haven	23d LOCATION CUTY OR TOWN LEATON, Med SMITE
24. FU	NERAL DIRECTOR ADDRESS	25a. DAT	FREE DBY REGISTOR 256. REGISTRAR'S SIGNATURE





	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1EM. 18. GIVE PAGES 1, 2, AND 3 TOTHE FUNERS PAGES 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALLONG WITH FORM PM. 3. RETAIN PAGE 5 FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED A BURILL'IRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED WITHIN AFTER DIRECTOR: PAGE 3 SHOULD BE FILED WITHIN AFTER DIRECTORS, 301 W. PRES BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	HE FLED, SE SON W.
	JS, 33 E FI
102	ETAIN SOULD CORE
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MOR	FORM FORM S 1 &
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	RS AF GIVE VITH PAGE IVISIO
ST., B	A 18.
TON	N 24 N ITEA ALON T PER YGIEL
PRES	CIL INER
3	XAMI YEN XAMI AL-TR
5, 30	SURI BURI
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	AMIN STIFIC BE BECTC TH T
	L EX.
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN IT PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-IRANSIT PAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	AGE ALTIM
51	E W F K &

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0	-2	18	13	1
REG. NO.	9	U	-	-4

	R	REGISTRAR		MED	JICAL EX	AMINE	K 2 C	EKITIC	AIE	JF DEA	R	EG. NO.		,
		EASED NAME	FIRST		MIDDLE			LAST			20. DATE KNO		H DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	Fritz		Karl			Mann		5.1	OF EST DEATH MAT		14 19 75	a M
	3. SEX		4. RACE 5.	DATE OF BIRTH		AGE (IN YEARS				R 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d. HOUR
	Ma 1	le	Carra	Dec.10.		95 YRS		DAYS	HOURS	MIN.	DEAD	Sept.	14,19 79	4p M
11		THPLACE (5)		CITIZEN OF WH.	AT COUNTR	Y? 8	MARRI	ED NEV	ER MARI	RIED [	9. BALTIMORE	CITY OR COU	NTY OF DEATH	
1	Ge	ermany		U.S.A			WIDOW		DIVOR			omery		MD.
	ID. CIT	Y OR TOWN	OF DEATH	1. NAME OF HOSP	ILITY, GIVE STREE	ET ADDRESS)	OR OTH	ER INSTITUT	ON	FOR /	JAL OCCUPATION	IFE)	OR INDUST	
0		evy Ch		3713 W	Villia	ams L	ane			Pro	fessor		Econo	mics
5	13a ST		(IF IN NURSING HOME OR COUNTY Monte	Omery	13c CITY OF	R TOWN Cha	se	13d. INSIDE CIT	Y LIMITS?	13e. STR	13 Wil	liams	Lane	
	14. FA	THER'S NAME Louis		MIDDLE	Mann	57		15. MOTHER	ST	EN NAME	MIDDLE		Behren	c
1	16a. W		D EVER IN U.S. ARME	D FORCES?		L SECURITY I	NO.			odor	icksh49	DRESS 17	irginia	3
/	(YE	s, no, or unkno	OWN) (IF YES, GIVE WA	R OR DATES)	579-	44-77	756	Diet	ric	h J.	Mann,	P.o.	Box 35	46
			F DEATH (Enter only		for (o), (b), o	nd (c).)				-			APPROXIMA BETWEEN ONS	
	- 93	PARTIDE	ATH WAS CAUSED E		Arter	ioscl	ero	tic h	ear	t di	sease			
		4/4	0	DUE TO, OR	AS A CONSE	QUENCE OF	F							
	48		ns, if ony, which se to immediate	(b)										
		cause (a	) stating the <u>under</u> - use lost.	DUE TO, OR	AS A CONSE	QUENCE OF	F						257.75	
	-0			(c)										
	z	PART 2 DTHER SI	IGNIFICANT CONDITIONS CO	HTRIBUTING TO DEATH B	BUT NOT RELATED	TO THE TERMIN	AL DISEAS	DR CONDITION	GIVEN IN P	ART 1 (a).				
_	ATION	19a DATE OF	OPERATION	Tigh CONDIT	ION FOR WH	HICH OPERA	TION W	AS PERFORA	AED?	-			2D AUTOPS	<b>Y</b> ?
2	CERTIFICAT	183									YES 🗆	NO X		
-	CERT		AL CAUSE WAS	21b. TIME OF	OF INJURY  OF INJURY  21 C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1)					ITEM 18 PART 1 OR		133		
1	AL	UNDERLYING	G GOR NG GCAUSE OF DE			AY YEAR								
	WEDIC	214 INUITING	OCCUPPED	21e. PLACE C	OF INJURY	(AT HOME,		CATION			CITY OR TOWN		COUNTY	STATE
	×	AT WORK	NOT WHILE AT WORK	SIREET, FACTO	ORY, FARM, ETC.)	)		INCCI			CITY OR TOWN		COONIT	STATE
			ify that I took charge	of the remains desc	cribed above	held on	Autap	sv 🗍.	Inspects	an X	Inquiry X	and in my	opinion	
		death result	,		Accident [	. Suic		Homici			ermined monner			
			1	0				TITLE (SF	ECIFY)					
		ACTUAL SIGNATURE	40	hm 25.	Bal	e	M	Dep	uty	MED	IÇAL EXAMINER	DA1 SIG	TE 9/14,	/79
0		i i i i i i i i i i i i i i i i i i i									d Geor		Road	
-		EXAMINER'S (TYPE OR PRI	NT) John	G. Bal	11, M	.D.		ADDRESS_	Bet		a, Mar	yland		
	10	DECIEVI	TION, REMOVAL 236					R CREMATO		CITY	OCATION ORTOWN	C		STATE
		Buria]		9/18/79	Ro	ck Cr	eek	Ceme	ter	y N	ashing	ton I	J. C.	
	74. FU	Robei	t A. Pur	nphreyessI	Funer	al Ho	mes	, P. A	SE. DAI	SEP ?	U-131/9	IV. NECOSTI AND	asy mela	idy
	1.7.	557 Wi	sconsin	Ave., F	Bethe	sda,	MD_							

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.	/		175	

		OR	DE	PARTMENT OF HEALTH	AND MENTAL HY	GIENE C	2 3 1	1 2 5	
		TATE EGISTRAR	MEDI	CAL EXAMINER'S	ERTIFICATE OF	DEATH RE	G. NO.		
		EASED NAME FIRST	N	AIDDLE	LAST	2a. DATÉ KNOV	N MONTH	DAY YEAR	b. HOUR
	( TYPE	OR PRINT] BILL VA	1	ma	MINIMA	OF ESTI		1 1079	95:
	1 SEX	IA RACE	5. DATE OF BIRTH	16. AGE (IN YEARS IF UN	IDER 1 YR. IF UNDER 24		монтн	DAY YEAR	2d. HOUR
	E	Carre	MONTH DAY	YEAR LAST BIRTHDAY) MONT		PRONOUNCED DEAD	9 9	1 70	950
	7- 010	THPLACE (STATE OR	76. CITIZEN OF WHA	5.8 21 YRS.			ITY OR COUNTY	19 J	W
7		EIGN COUNTRY)		MARR	ED NEVER MARRIED	, BACILIMORE	_	9.1	
1		WASHINGTON, DC	U.S.A.	WIDOW			GOME		MD.
2	10. CIT	Y OR TOWN OF DEATH		TAL, NURSING HOME, OR OTH ITY, GIVE STREET ADDRESS)	ER INSTITUTION 1	2a. USUAL OCCUPATIO FOR MOST OF WORKING LI		b. KIND OF BUSI OR INDUSTRY	
4		BETHESDA	SUBU	RBAN HOS	PITAL	STUDE	NT		
3	JSUAI		R OTHER INSTITUTION, GIVE F	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN	13d. INSIDE CITY CIMITS?	3e. STREET ADDRESS		11	
5	30. 31		TGOMERY	CHEW CHASE	YES NO	9/18 JON	15 C /	TILL K	2 1
	14. FA	THER'S NAME		C.1017 C.11.00	15. MOTHER'S MAIDEN	NAME	9 3		
36		FIRST	MIDDLE	MANNING	MARIE	MIDDLE	DT	BON	
	16a W	MILTON AS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS	5014	
		S, NO, OR UNKNOWN) (IF YES, GIVE		F76 6/ 9076	UTITON I	. MANNING	SAME AS	18 EATHE	-D
		NO		578-86-3978	MILTON L	MAININING	SAVIL AS	APPROXIMATE II	
		<ol> <li>CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED</li> </ol>		A	400	01 -11		BETWEEN ONSET	
		MMEDIAT	TE CAUSE (a)		NCEPHALO	PAIMY		6 0	75
	7	7/08	DUE TO, OR AS	S A CONSEQUENCE OF					
		Canditians, if any, which gave rise to immediate	(b)	DROWNIN	6				
		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS	S A CONSEQUENCE OF					
П		Tyling coose last.	(c)						
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART	1 (a).			
	NO								
	ATIO	190. DATE OF OPERATION	19b. CONDITIC	ON FOR WHICH OPERATION W	AS PERFORMED?			20. AUTOPSY?	
2	CERTIFICATION	-1		-			100	YES 🗆	NO B
	ERT	210 EXTERNAL CAUSE WAS	21b. TIME OF IN	NJURY 21c He	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART		140 🖸
3		UNDERLYING GOR	HOUR AM. I	MONTH DAY YEAR		0			
-	EDICAL	CONTRIBUTING CAUSE OF I	DEATH P.M.		CATION IN	1002			
	MED	WHILE IN NOT WHILE IT	STREET, FACTOR	RY, FARM, ETC.)	STREET AA	2 STEORTOWN	A . COUN	m -	STATE
		AT WORK AT WORK	H	om < 910	DUDNES IVILL	19 CHOUY	CHASE !	Now!	un
5		22a. I certify that I taak charg	e of the remains descri	ibed abave, held an Autop	sy , Inspection	H. Inquiry H.	and in my apir	ian	)
	-	death resulted fram: Natur	ral causes . A	Accident Suicide	Hamicide .	Undetermined manner			
S			01	16.0	TITLE (SPECIFY)				
		MATTERN	Mu	MAINO .	A. X		DATE		
	- 1	ngjenengezezen	- pory	N N	i.b. orga	MEDICAL EXAMINER	SIGNED	-0111	0
2		EXAMINER'S NAME F	C. MA	466	8200 U	kendered Are	BOTH	SCAR I	110
7	22. Di	TYPE COR PRINT	12h DATE	In have of crusters of	ADDRESS	123d. LOCATION	146/17		
	Z30. BU	IRIAL, CREMATION, REMOVAL 2	9/8/79	WOODLAND CE		CITY OR TOWN	COUNT	ILAG	TH C
	24 51	BURTAL INERAL DIRECTOR TO ANG			25g DATE RE	MADISON	ROCKING	TAM NUK	in C.
	24. FU	NAME FRANC	IS J. COLL		CED	1030	L REGISTRAR S SR	SINATURE	
		500 UNIV.BLV	D.W., SILV	ER SPRING, MD.	20901 SEP	19/9	Markey	relievely	

DHMH - 17 (VR A15 ME (5)) 15M 7/76

2 THE STATE TATISTON .... A MARKET MOLECULAR ST. MATTER L. L. MANNERS MATTERS MATTERS OF STREET MATTER STATES THE WATTERN TO THE TOTAL TON THE NAME OF THE PARTIES. THE WOLLDON MORNING - CTIMESON ROCKING OF STATE

EN ARTHUR, MO. GOODS & PART IN BURNEY

N			1	STATE OF MARYLAND
10			1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENY 9 2 3 0 2 6
				REGISTRAR CERTIFICATE OF DEATH REG. NO.
	o 64		1. DE	CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR -
	oy b		3. SE	Kudolo J. 19an/one 9-2/900
	4 P		3. SE.	MONTH DAY YEAR MONTHS DAYS HOURS MIN
	MA		7a B	Male Cauc. July 25 1926 53 YRS.  IRTHPLACE ISTATE OR FOREIGN 7/6 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH
	4	0 Hce	C	OUNTRY) TI C A MARRIED X NEVER MARRIED -
	ter de withir	p 7		ILY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 125 KIND OF RUSINESS OR
5	rs ofte by the filed w	JC notified	13	Set As a CITY NOT IN SUCY FACILITY, GIVE STREET ADDRESS)  (ITYPE OF WORK FOR MOST OF WORK F
BALTIMORE, MARYLAND 2120	be in	st be	USU.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 13b, COUNTY 13c, CITY OR TOWN 13d, NS DE CITY LIMITS? 13e, STREET ADDRESS
AND	n 24 h	E 35	Mo	d. Montg. Rockville YESX NO 4909 Bluebonnet Ct.
72	within letely f	mine	14. FA	ATHER'S NAME  FIRST MIDDLE LAST FIRST MIDDLE LAST LAST
JA	omp on	m /5/		Valintine Mantoni Angelia Barbadora
4 Z	e executed	medicol	16a. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  YES, NO OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)
Z W	0 6	a Be		Yes WWII 157-18-9882 Kathleen M. Mantoni (Same as 13e)
NA B	ficote physicic poperi novol.	t, the	TF.	18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
M.	ng physical bon poper r removol.	event,		IMMEDIATE CAUSE (0) bronchogenic Carcinoma 4 months.
NO	th certi nding p corbon , or ren	0000		1629 DUE TO, OR AS A CONSEQUENCE OF
PRESTON	deo otte ove tion	troumotic		Conditions, if ony, which (b)
Na.	th the	other t		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF
201 ×	thot d by eose iol, cr	or of		underlying couse lost.
RDS, 2	N 0 0 1-	Jary, o	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01
چار	reen int. T	ž-	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
A SHA	he lov on. hos k i perm	0 Smc 2	FIC	IN CERTIFYING CAUSES OF DEATH?
VITAL	HYSICIAN: The Id ding physicion. is certificate hos buriol-tronsit per Mentol Hygiene	5	ERT	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
35	phy phy rtific ol-tro	g 9		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
SION OF	HYSIC nding his cer burio	\$ /	MEDICAL	(If EITHER, NOTIFY MEDICAL EXAMINER)         P.M.         19           21d. INJURY OCCURRED         21e. PLACE OF INJURY         21f. LOCATION
N S	one one	morkedor	M.	WHILE NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
Nº 2	SR: After Use os Heolth	HOL		22a I certify that (I) (this hospital) attended the deceased from \$\frac{123}{200}\$, 1979, to \$\frac{912}{200}\$, 1979, that (I) (we) lost
9	E + 0 0 + 1	21 15		sow the deceased alive an 19 11. and that in (my) (our) opinion death accurred an the date and hour and from the causes stated
		tem tem		obove, (1) (we) (did) (did not) view the body ofter death.  27b. SIGNATURE  DEGREE  22c. DATE SIGNED
	y the hos y the hos tal DiREC detoched ote Dept.	=		Muchael Chrone M.D. ATTENDING MEDICAL STAFF 9/2/79
	by by VERA	Z-		27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS
	TO HOSPITAL or retoined by the TO FUNERAL Ishould be deto with the Stote E	08		Michael Emmer 10401 Old Georgetown Rd., Bethesda, Md.
	or retc	<u> </u>	23o. B	BURIAL, CREMATION, REMOVAL 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION
1202	BP		(:	Burial 9-6-79 Gate of Heaven Cem. Silver Spring Md.
DI	HMH - 16 50M 1/76		24. FL	UNERAL DIRECTOR Robert. A Pumphrey Funeral Homes 250. Date REC'D. BY REGISTRAR' 250 RESISTRAR'S SIGNATURE
	(VR A 15 (4) )			UNERAL DIRECTOR Robert A. PumphreyessFuneral Homes, SEP 6 1979 Kirkey Kalendy

- Vienotano The second section of the second section is the second section of the secti The Committee of the Co

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executed within 24 hours ofter

requires that the death certificate be

TENDING PHYSICIAN: The law offending physicion

retained by the hospital or

TO HOSPITAL

## STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR			DEF		EALTH AND MENTAL H		2 REG. NO.	3 0	2 /	
ı		EASED NAME	FIRST	A	MIDOLE	l.	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR	
ı	_		John		Stee	e m	athews		9/2	6/79	751	P M
I	3. SEX	male		4 RACE Whit	е	5. DATE C		2 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DA		MIN.
	7a. BIF	RTHPLACE (STATE OR FO	oreign Ld	TE CITIZEN OF		MARRIEI WIDOWE		1 BALTIMORE	-	NTY OF DEATH		MD.
	-	thesta	ATH		H FACILITY GIVE	URSING HOME O STREET ADDRESS)	OR OTHER INSTITUTION		CUPATION R MOST OF WORKIN Etired			
	13a S	L RESIDENCE (# NURS TATE Tyland		other institution, ITY Egomery			13d INSIDECITY LIMITS? YES AO	13. STREET ADI	nnisto	n Road		
	14. FA	John		Me Me	athews		15. MOTHER'S MAIDEN I	^	AIDOLE	# H	lopkins	3
		AS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMANT		ADDRESS			
ı	1	no			215 ]	6580	Ritchie M	lathews (	wife) s	same as	13e	
		Conditions, if any, gove rise to immr couse (a), statin underlying couse	which mediate	DUE TO, OI  (b)  DUE TO, OI  (c)	61	SEQUENCE OF	INTESTIN	HOCK PAL HEM ULCERA		3	HOU	RS.
	NOIL	CERE	BRAL	- INFA	PCT-1	LEFT A	NOT RELATED TO THE TE	FFERED	9-21-	-79		
	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		IN CE	YES, WERE FIN RTIFYING CAU YES	SES OF DEATH	!?
		21a. ACCIDENT WAS UNIT OR CONTRIBUTING ( {IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	110110 4	M. MONTH	H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATUR	OF INJURY IN ITEM	18, PART I OR PART	2)	
ı	MEDICAL	21d INJURY OCCURI	HILE [	21e PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, C	OFFICE, FARM, ETC.)	21f LOCATION STREET	CI	TY OR TOWN	COUNTY	STAT	re
		sow the decession of the SIGNATURE	ed olive on	t) view the body	5	19	DEGREE  ATTENDING PHYSICIAN	S _ MEDICAL	on the date and  STAFF PHYSICIAN		, 11101 (1) 4110	
-	22- 0	171 PHISICIAN'S A	PH L	/ Co	VNO	e mo	9420 0	3 etterfa - p (- ET	MI. TO	20014	2	
1	238 B	URIAL, CREMATION,	KEMOVAL	23b. DATE	/	ISC. NAME OF C	EMETERY OR CREMATOR	CITY OR TO		COUNTY	STATE	E

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed within 72 hours elfwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examiner

notified of once

Burial

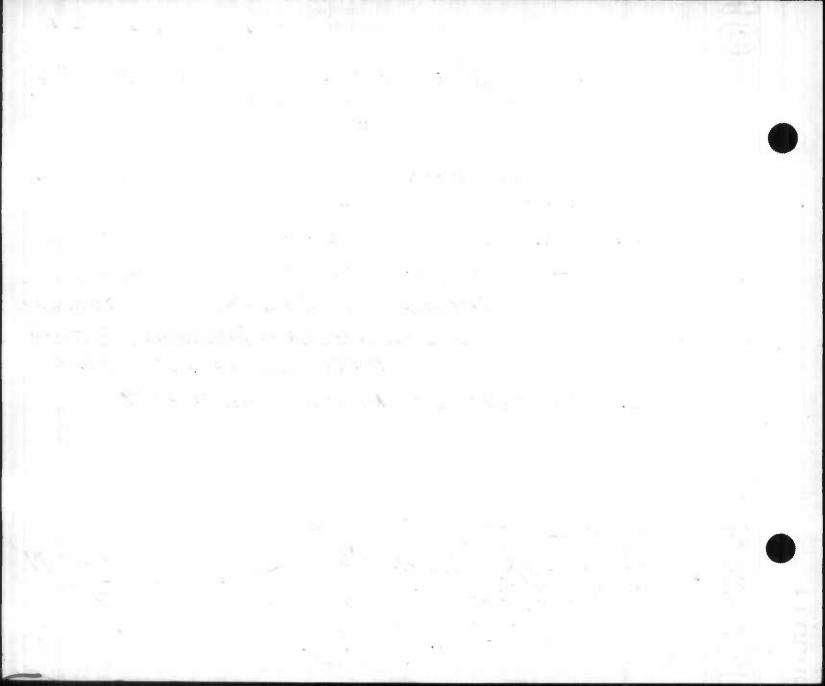
9/29/79

Parklawn Memorial

Park

Rockville

Rockville Pike Rockville, Maryland 24 FUNERAL DIRECTOR 1331 Rock



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•	M
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs offer death-retained by the haspital or attending physician.
	TO HOSPITAL OR ATTENDING PHYSICIAN retained by the haspital or ottending phy

	ST	ATE	OF N	ARYL	AND
EPARTMENT	0	HE	ALTH	AND	MEN

D ITAL HYGIENE

2 302

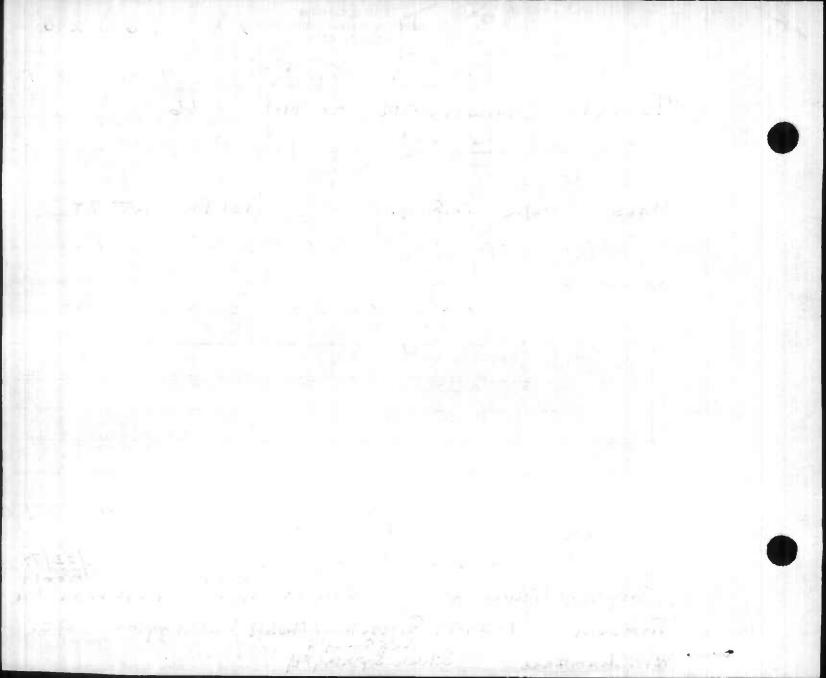
DECEASED NAME   1825		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
SACE	(11)		MIDDLE	Matuzek	20. DATE OF DEATH MON	TH DAY YEAR 26. HO
MARRIED ID INVESTMENT   MARR	19	remale	Puchsian	5. DATE OF BIRTH MONTH DAY YEAR		MONTHS DAYS HOURS
(IPPE OF WORK POWERS OF WORK ACTURE)  WISHAR RESIDENCE (IP NUSSAN INGER OR COUNTY COUNTY OF RESIDENCE RESONANCE)  WISHAR RESIDENCE (IP NUSSAN INGER OR COUNTY OR RESIDENCE RESONANCE)  WISHAR RESIDENCE (IP NUSSAN INGER OR COUNTY	58	rokert Mass	VSA	WIDOWED DIVORCED	Monto	onory
136 STATE   136 COUNTY   136 STATE   136 SOUNTY   136 STATE   13	701	Bethesda	(IF NOT IN SUCH FACILITY, GIVE STREET A	Somess) Hospital	(TYPE OF WORK FOR MOST OF WO	
186 WAS DECEASED EVER IN U. S. ARMED PORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT ADDRESS   166 WAS DECEASED EVER IN U. S. ARMED PORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT ADDRESS   187 WAS DECEASED EVER IN U. S. ARMED PORCES?   166 SOCIAL SECURITY NO.   18 CAUSE OF DEATH SERVE ON USE OF DEATH SERVE OF DEATH	58 130	1ASS Un	OTHER INSTITUTION, GIVE RESIDENCE BEFORE, ITY SOLLY OR TOWN	YES NO	151 Meas	AVT ST
SCAUSE OF DEATH Enter only one couse per line for (a)_ab_ and (a)_   BATBATA   A A A CONSEQUENCE OF	714	loseph u	JOSTOLIK	- Mar	2 Wol	talikust
PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause is to immediate cause or condition given in Part 1 to  Part 2. Other Significant conditions contributing to Death but not related to the terminal disease or condition given in Part 1 to  INCERTIFYING Causes of Part		(YES, NO OR UNKNOWN) (IF YES, GIVE		2/17 0111	9 1.	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22e. I certify that (I)  sow the deceased allier on obove, (I) (Neg) of hiddren in the body of the deceased from obove, (I) (Neg) of hiddren in the body of the death.  DEGREE  22e. DATE SIGNE  22e. ADDRESS  22e. ADDRESS  22a. BURIAL, CREMATION, REMOVAL  23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION CITY OR TOWN  COUNTY  COUNTY  23d. LOCATION CITY OR TOWN  COUNTY  COUNTY  23d. LOCATION CITY OR TOWN  COUNTY  23d. LOCATION CITY OR TOWN  COUNTY  COUNT	NO	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE		nal disease or condith	ON GIVEN IN PART 1(0)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22e. I certify that (I)  sow the deceased allier on obove, (I) (Neg) of hiddren in the body of the deceased from obove, (I) (Neg) of hiddren in the body of the death.  DEGREE  22e. DATE SIGNE  22e. ADDRESS  22e. ADDRESS  22a. BURIAL, CREMATION, REMOVAL  23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION CITY OR TOWN  COUNTY  COUNTY  23d. LOCATION CITY OR TOWN  COUNTY  COUNTY  23d. LOCATION CITY OR TOWN  COUNTY  23d. LOCATION CITY OR TOWN  COUNTY  COUNT	2 INCAT	190. DATE OF OPERATION	19b. CONDITION FOR WHICH (	OPERATION WAS PERFORMED	IN	CERTIFYING CAUSES OF DE
22a. I certify that (I) (I) and all attended the deceased from Sow the deceased allive an above, (I) (Not) 1 did not meet the body of the death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN		216 ACCIDENT WAS UNDERLYING	216 TIME OF INTURY	214 HOW/INDIADY OCCUPE		
sow the deceared alliverance on the body Her death.  21 19 79 ond that in (my) (ex) opinion death occurred on the date and hour and from the couses obove, (I) (Ne) (I) tidid not meet the body Her death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN 222  22d. PHYSICIAN NAME (I) COLOR PHYSICIAN 222  22d. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN  PECIFY OR TOWN  COUNTY  COUNTY  COUNTY	1 1	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY	Y YEAR 19 21f. LOCATION		
PHYSICIAN   DIRECTOR   PHYSICIAN    22d. PHYSICIAN   DIRECTOR   PHYSICIAN    22e. ADDRESS   R-3034    SHI-W. Cedan lave Bethesch  23d. BURIAL, CREMATION, REMOVAL   23b. DATE    23d. BURIAL, CREMATION, REMOVAL   23b. DATE    23d. NAME OF CEMETERY OR CREMATORY   23d. LOCATION    CITY OR TOWN    COUNTY    CO	1 1	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	Y YEAR 19 21f. LOCATION STREET		COUNTY
PREMOVAL 236 DATE GEORGETOWN MEJSEN WASLINGTON P.	1 1	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (I)  sow the decease dailye and above, (I) (No.2)	HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE, FA	Y YEAR 19 21f. LOCATION STREET  22f. 1929 29, ond that in (my) (o.c.) apinion of	city or town	COUNTY , that (1)
REMOVAL 9-24-79 George Town Med Sch Washing TON D	MEDICAL	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK 22a.1 certify that (1)  sow the decease daily and obove, (1) (1) (1) (1) (1) (2).  22b. SIGNATURE	HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE, FA	Y YEAR 19 21f. LOCATION STREET  21f. LOCATION OF THE PROPERTY  DEGREE ATTENDING PHYSICIAN	city or town  to 9 2-1 leoth occurred on the date of	county  7, 19 9, that (1)  and hour and from the couses  22c. DATE SIGNE  9, 22
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that (I)  sow the decease and the obove, (I) (No.)  22b. SIGNATURE   BURIAL, CREMATION, REMOVAL	HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA  Chattered the deceased from 221 192 193 194 195 195 195 195 195 195 195 195 195 195	Y YEAR 19 21f. LOCATION STREET  ARM, ETC.)  21f. LOCATION STREET  ARM, ETC.)  21f. LOCATION STREET  APPLICATION STREET  APPLICATION PHYSICIAN 22e. ADDRESS  SHIL-W. Ca	CITY OR TOWN  to leath accurred on the date of the	county  19.79 that (I) and hour and from the couses  220. DATE SIGNE  9/22  200  3ethesala

DHMH - 16 50M 1/76 (VR A 15 (4) )

BP.

FOR

Memoval
24 FUNERAL DIRECTOR
NAME
W.W.Chambens



TENDING PHYSICIAN: The

TO HOSPITAL

1	1	
0	7	

STATE OF MARYLAND

63

1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / 9 Z	3 0 2 7
{ TYP	ECEASED NAME FIRST ROSE	MIDDLE	MilEHi	2ª DATE OF DEATH MONTH	20 79 2 h
3. SE	Female	White	oct. 25 1913	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS A
2/10	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Shington, DC	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED ENEVER MARRIED WIDOWED DIMORCED	1) BALTIMORE CITY OR COUNTY	TY OF DEATH
0 2 7	ON VERSOEING	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACTORY, GIVE STREET,	G HOME OR OTHER INSTITUTION ADDRESS!	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	(IFE) 176 KIND OF BUSINESS NOUSTRY OWN hom
130	JAL RESIDENCE (IF NURSING HOME OF		ADMISSION)  13d INSIDE CITY LIMITS?  YES  NO		veneu.
au II F	Joseph	MIDDLE Sapi	enza is mother's malden n enza carmel	MIDDLE	Scafid
	WAS DECEASED EVER IN U.S. AR IYES, NO OR UNKNOWN) (IF YES, GIV	WAR OR DATES)	rity no. 17 informant 8396Frank J. Mi	ADDRESS letti-husband	-same as 13
100	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one D BY:	Pare Com		BETWEEN ONSET AND DE
John	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE			2 xc
ATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	GIVEN IN PART 1(0)
GERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
E	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA		RRED (ENTER NATURE OF INJURY IN ITEM 18	B, PART I OR PART 2)
MEDIC.	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
21 із то	sow the deceased alive or	tal) attended the deceased from 19	, and that in (my) (our) apinio	death occurred on the date and h	, 19, that (I) (we our and from the couses state
ANT: #	226 SIGNATURE	00 4, LED 11	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c DATE SIGNED

DHMH-16 20M (VRA 15, 4) 7/78

230. BURIAL, CREMATION, REMOVAL (SPECIFIC PROPERTY)

236. DATE 9-22-1979

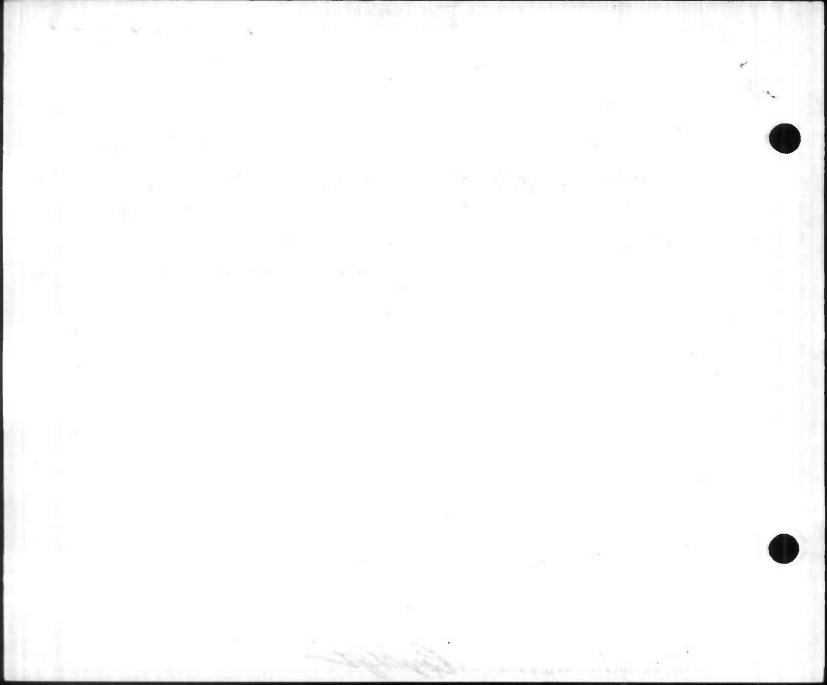
23c NAME OF CEMETERY OR CREMATORY Gate of Heaven

Sil. Spring

Montgomery STATE

Md

Warmer E. Pumphrey, Inc AODREM 250 DATE RESIDENT REGISTRANS SIGNATURE



J	1	55	- 1	( CORPRINT)	SYRO	0	H	mon	15h		9	121	79	200
	) <u>e</u>	HAT.	3.	SEX .	/ 1	RACE		5. DATE C		YEAR	& AGE (IN YE	ARS LAST BIRTHDAY)	F UNDER 1 YEAR	IF UNDER/24 H
T and a		agray.	5	Male	′	Caucas	ian	Nov	4.0	1906	72	YI	MONTHS DAYS	HOURS MI
	0	02 80	70	BIRTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF		ITRY? 1			7 100			
		772	4	O regon		U.S.A.		WIDOWE	D NEVER	NORCED	m	and so	mach-	~
	0	24 47	Ø 10	CITY OR TOWN OF		1. NAME OF I		URSING HOME C	- Wend		12e USUAL C	CCUPATION		F BUSINESS
=	-	五 五	10	Wheaton				th Care	Center					anical
120	200	o e e	2 - 0	SUAL RESIDENCE (IF	NURSING HOME OR C	THER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)					Moda	WII CUL
2	24 h	filled in auld be must be	5	M arvlan	d Trans		W. F	riendshi	134 INSIDE C	NO TV			Pood	
T.	É	- S	6 14	FATHER'S NAME	d Howa	TO	W. I	rienusni		S MAIDEN NAA		Rover	ATT ROAD	
AR	3	nd 2	2/	FIRST	MI	DDLE	LAS			FIRST		MIDDLE	LAS	T
¥,	5	Lo Lo	1//	BVron • WAS DECEASED E	VER IN U.S. APA	ED FORCES?	Moni	SECURITY NO.	17 INFORMA	ANT		ADDRESS		
0	ě	oges	1	(YES, NO OR UNKNOW		WAR OR DATES)	13,7				_141		Mill Rd.	
MI	e	S. Po	/	Yes	WV	VII	None		<u>  Carol</u>	M. Fox	(DAU)	W. Frie	ndship.M	D. 217
BAI	cote	ope ope ovol			EATH (Enter only		line for (0), (	bi, and icy	/	1 1		9/	BETWEEN	MATE INTERVAL
ST.,	erfife	g ph onp		1/2/	IMMEDIATE		Cere	tral V	reul	or Cl	cad	ent	1 d	ay.
O	Ę	corb or or	- 1	436	-	DUE TO, O	R AS A CONS	SEQUENCE OF	7 7	-	1		1111	_/
PRESTON	death	ave	H	Conditions, if		(b)	Clre	brak	Urre	resc	Kero	217	423	
8	÷ ÷	by the sse rem cremo		gove rise to couse (0),	stating the	DUE TO, O	R AS A CONS	SEQUENCE OF					1	
<u> </u>	thot	a by		underlying c	ouse lost	(c)								
5, 201	S S	gne n pl bur ry, o			SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITION	GIVENIN PART IL	D1
RECORDS	redu	The yr to		190 DATE OF		Hear	1 Fa	elere	ari	ercos	elero	lie fla	Il Des	earl
ECC	3 0	pric	8	190 DATE OF OF	PERATION	196 COND	TION FOR W	HICH OPERATIO	N WAS PERFO	DRMED	20a AUTO		YES, WERE FINDING CAUSES	
AL R	The con.	it pe	7								YES 🗌	NO	YES 🗌	NO 🗌
>	N ysio	ronsil Hygi 18 sh	0	210. ACCIDENT WA	CAUSE OF DEAT	21b. TIME O		H DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTERNAT	URE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
O	O D	rial-tral-tral-tral	1	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	Р.		19						
O	HYS	o A bu		(IF EITHER, NOTIFY)		21e PLACE		OFFICE, FARM, ETC.)	211 LOCATH	ON		CITY OF TOWN	COUNTY	STATE
DIVISION OF	offe offe	After the e as the alth and morked			AT WORK	(Arthona, str	iter, including	Trice; Takin, Erey	1			0/-		
۵	9 8	R. Af use o tealth		22a.1 certify the	ot (1) (this hospite	ol) attended th	e deceased f	rom	30	. 19_79	to	1/2	19/	that (I) (we)
	TTEN	for to			ceased alive an_	yeard the hady	ofter death	19 9 , or	nd shot in (my)	(our) opinion o	leath accurred	on the date and	hour and from the	couses stated
- (	hos	Hed ept.	1	226. SIGNATUR		11/	orrer deam.		DEGREE				22c. DATE	SIGNED
	1 s	0 80 =	- 1	THE STATE OF THE S	9/1	Se_		-11 -	mm	PHYSICIAN D	MEDICAL	STAFF	1 9/3,	179
	by by	VERAL be dete Stote	7	224 PHYSTCIAN	NAME TYPE OR	PRINT)			27e ADDRES			4	1/1/	
	HO	Should be deto		1/K . /	1. Be	nA	cK	MD	4115	- Colis	è DR.	Who.	aton -	md
	5 e	O of M	2	BURIAL, CREMATI	ON, REMOVAL	23b. DATE		731 NAME OF C	EMETERY OR		RMINAL DISEASE OR CONDITION GIVE DE LENTER NATURE OF INJURY IN ITEM 18.  CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  MEDICAL  STAFF  MEDICAL  MEDICAL  MEDICAL  STAFF  MEDICAL  MEDICAL  MEDICAL  STAFF  MEDICAL  ME	100	-/	
				(SPECIFY)							CITY OF	NWOI	COUNTY	STATE

9/5/79

MIDDLE

- STATE

REGISTRAR

DECEASED NAME

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

24 FUNERAL DIRECTOR

BP.

DHMH-16 20M (VRA 15, 4) 7/7B FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

National Mem. Park

REG. NO

MONTH

YEAR

Falls Church

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2b. HOUR

12h. KIND OF BUSINESS OR

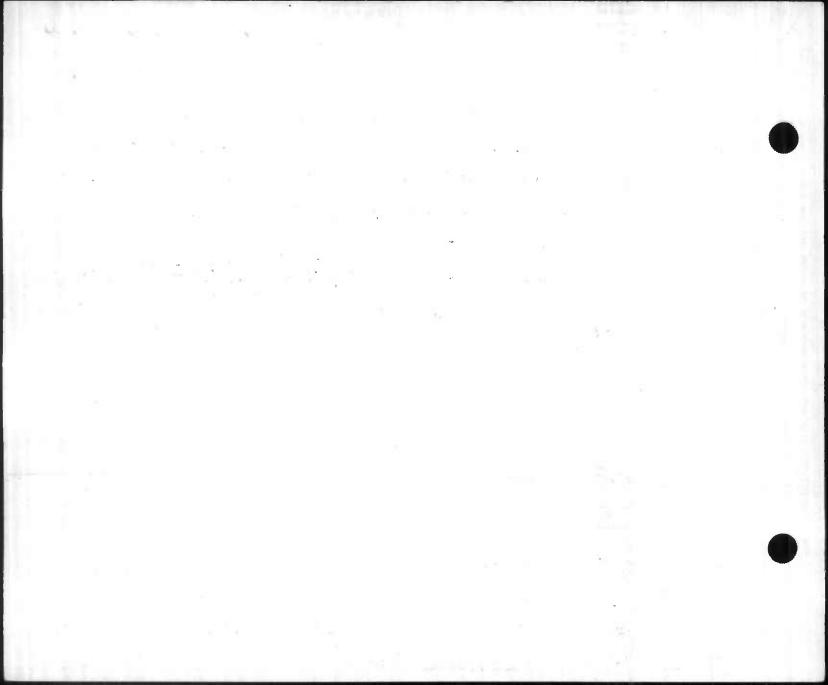
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

that (I) (we) lost

VA.

IF UNDER 24 HRS

20. DATE OF DEATH



0	6	2			
	DIVISION OF VITAL RECORDS, SOT W. PRESTON ST., BALLIMORE, MO. 21201	to medical examiner: this certificate should be executed within 24 hours after death. If any diland is fects an Execute the certificate, writing the word "pending" in Pencil in Item 18. Give pages 1, 2, and 3 to the "inferi	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 CHOWIN HE FIRST OF THE STATE OF	TO TONEAL UNKELLOR: FACE 5 3000 DE 502 AS A SONGALINASII FRAMILL FACES 1 AVOUS SONGAL FEED AFFER DESIGNATION OF WIRE RECORD.  THE STEER DESIGNATION OF THE STATE DEPARTMENT OF HEALTH AND MENIAL HYGERE. DIMSON OF WIRE RECORD.	BAITHMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	may.	53	-7	- 1
6	3	U	0	- 1
REG. NO.	7		- 17	•

1.	- STATE REGISTRAR		MEDI	CAL EXAMI	NER'S C	ERTIFICATE	OF DEA	TH REG	No.	0 0	1
	ECEASED NAMI	E FIRST	M	NDDLE		LAST		20. DATE KNOWN	MONTH	DAY YEAR	150
	TPE OR PRINTS	James	N	Melvin	M	orrison		DEATH MATED	X 9-	24 1079	DAM
3. SE	EX	4. RACE   5. D	ATE OF BIRTH		EARS IF UN	IDER 1 YR. IF UND		2c. DATE PRONOUNCED	MONTH	DAY YEAR	R 2d. HOUR
N	Male			1916 62		15 DAYS HOURS	MIN	DEAD .	EPT ?	24 1979	1/1 AM
70.	BIRTHPLACE (S	TATE OR 7b.	CITIZEN OF WHAT		1	ED XNEVER MA	RRIED	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
	arylan	d	U.S.A.		WIDOW		RCED -	Montgo	merv		MD.
	CITY OR TOWN			AL, NURSING HOA		ER INSTITUTION		AL OCCUPATION		12b. KIND OF E	
	Bethes	da / 66		son Lane			Ta		er	Taxi	
		(IF IN NURSING HOME OR OTH	ER INSTITUTION, GIVE R			134. INSIDE CITY LIMITS		EET ADDRESS			
130.	VA	Fairfa		alls Ch	urch				ra St.	2.	2043
6 14.1	FATHER'S NAME				0 0.14	15. MOTHER'S MA		WIDDLE		LAST	
	M.	Leona	rd	Morris	on	Clara		MIDDLE	- p	lensha	\$47
		D EVER IN U.S. ARMED		166 SOCIAL SECUR		17. INFORMANT		ADDF	ESS	ZH5Ha	KX
5	(455,740, OR UNKNO	(IF YES, GIVE WAR C		578-05-	5818	Arlene	Morr	ison (s	ee Ite	m # 1:	3)
	18. CAUSE C	F DEATH (Enter anly on									ATE INTERVAL
		ATH WAS CAUSED BY:	1	200101	2.50	ular 6	150.0.	se -		BETWEEN ON:	SET AND DEATH
	3/2	IMMEDIATE CA		A CONSEQUENCE							
	Conditio	ns, if any, which	11	. h .	-	- 11.07	ancu	/			
		se to immediate	(b)	eratic	-	503314	21.1			-	
	lying cou	) stoting the <u>under</u> - use lost.		A CONSEQUENCE	1		1	1:5m -		-	
			(0)	euter c	カト・ノ		- P / / - I	113111			
-		IGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH RUT	NOT RELATED TO THE TE	RMINAL DISEAS	E DR CONDITION GIVEN II	N PART 1 (a).				
CERTIFICATION										1	
7 3	196. DATE OF	OPERATION	196 CONDITIO	N FOR WHICH OP	ERATION W	'AS PERFORMED?				20. AUTOPS	Y?
			- I Assert						14.	YES	NO 🔼
2 8	UNDERLYING	AL CAUSE WAS	HOUR A.M. A	njury Month Day ye,		OW INJURY OCCU	RRED (ENTER )	NATURE OF INJURY IN ITE	M 18 PART 1 OR PAI	RT 2)	
MEDICAL	CONTRIBUTI	NG CAUSE OF DEAT	H P.M.	19							
ED I	21d. INJURY		21e. PLACE OF STREET, FACTOR	INJURY (AT HOME,		CATION		CITY OR TOWN	col	UNTY	STATE
2	AT WORK	NOT WHILE AT WORK	SIREET, FACTOR	i, raim, eic.,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CITORIOWIG	201	2/4/1	SIAIL
	220 1 0000	ify that I took charge of	the remains describ	had above held so	Autap	sy , Inspe	ction 🛪	Inquiry	and in my ap	vinian	
- 13	deoth result		Acres .		Suicide _	Hamicide		ermined monner		illion	
- 10	deom resum	red from: Noturol Co	oses y , A	ccideni L.,	soicide L			eriiiiled iiioiiiler			
	ACTUAL	alola	n es. (;	Sell		THE SPECIFY	111	ICAL EVALUATED	DATE		
0	SIGNATURE	11-41				1.0.1	MED	ICAL EXAMINER	SIGNE	D	
1	EXAMINER'S		hn G. E	3a11		ADDRESS 7936	6 014	George	own R	d. Be	th. Md
730		TION REMOVAL 23b. D		123c NAME OF C	EMETERY C		123d. LC	CATION			
	uria1		27-79				RO	ckville	Mont	gomer	y MD
D	ullal	9-	41-19	KUCKVI	TTE	Cemeter	V		, TOTAL	Po IIIO I	I LID

**DHMH-17** (VR A15 ME (5)) 15M 7/76

9-27-79 Rockville Cemetery Rockville Mont phrey Funeral Homes, P.A. SEP 27 1979 Programmes A FUNERAL DIRECTOR ROBert A. Pumphrey Funeral Homes, P.A. 7557 Wisconsin Ave. Bethesda, Maryland

Reference for the severe court of the second Company Compan der the o'll to entere alline the

anding physicion and completely filled in by the funeral directal corbon papers. Pages 1 and 2 shauld be filed within 72 haurs of

injury, or other troumatic event, the

should be detached for use as the buriol-tronsit permit. Then pleose remaye corbon apper with the State Dept. at Health and Mental Hygiene prior ta buriol, crematian, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING PHYSICIAN: The attending physician.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1	FOR - STATE REGISTRAR			FICATE OF DEATH	REG. NO	2 3	U S	, 4			
	ECEASED NAME FIRST PERMETHY VENNETHY	MIDDLE	m	OUReau	(	7 10	79	26. HOU	AN		
3. S	IALE	4 RACE WHITE	S. DATE (		6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	HOURS	24 HRS MIN		
	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIE WIDOWI	DIVORCED	9 BALTIMORE CITY OR MONTGOME	-	FDEATH		MD		
T	AKOMA PARK	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV WASHINGTON AI	DVENTIST	HOSPITAL	17g USUAL OCCUPATION (TYPE POLICE CHI		Police				
130. M		INTY 13c CITY O	SVILLE	13d INSIDE CITY LIMITS?	3117 MADIS	ON STR	EET				
14. F	MAX RST	C. MOURI	EAU	15. MOTHER'S MAIDEN NA FIRST MABLE	WIDDLE	НО	DHND	51			
16a.	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	8 6142	17 INFORMANT Rebecca H. Me	oureau Same		3 (Wi	fe)			
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT	OUL SITION GIVEN	GIVEN IN PART I I DI								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY? YES NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO					
MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETITHER, NOTIFY MEDICAL EXAMINER 218. INJURY OCCURRED WHILE NOT WHILE AT WORK	EATH HOUR A.M. MONT	19	211. HOW INJURY OCCUR 211. LOCATION STREET	RED (ENTER NATURE OF INJURY  CITY OR TOWN		PART 1 OR PART 2)  COUNTY STATE				
	22a. I certify that (II) this hospital) attended the deceased from sow the deceased alive on the deceased alive on the deceased alive on the dots and from the causes state obove, (II) (we) (did) (old not view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIREC										
	BURIAL, CREMATION, REMOVA	DAK	23c. NAME OF C	6326 B	elcrest 123d LOCATION	Aval	YANY	STA	ATE		
	BURTAL	9/13/79	Md. Vet	erans Cemeter	y Cheltenham			aryla	_		

DHMH - 16 50M 1/76

retained by the hospital HOSPITAL 0

(VR A 15 (4))

24 FUNERAL DIRECTOR Francis Gasch's Sons Funeral Home P. No DATE REC'D. BY REGISTRAR 25b. REGISTAR'S NAME Hyattsville, Maryland CFD 1 2 1979

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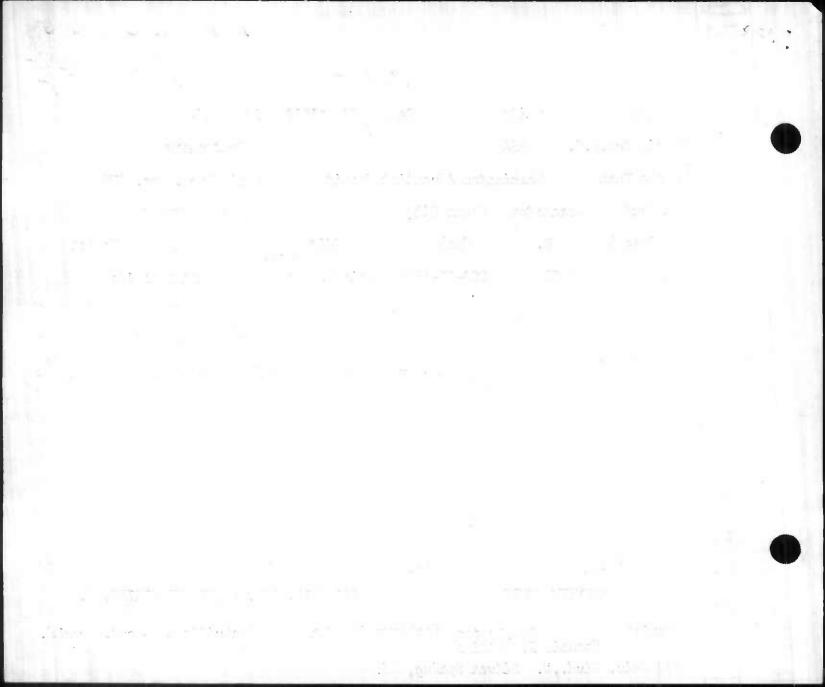
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X	FOR - STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND		IENE 7	9 REG. N	2	3	0 3	3
(11)	ECEASED NAME PE OR PRINT)	Hert	hert	MIDDLE ,	M	u C+1	/		FDEATH	9	77	9 3	HOUR 15
3. S	male.	1	white.		5. DATE C	DAY	YEAR		YEARS LAST BIR			YEAR IF U	URS MIN
0//070	BIRTHPLACE (STATE OF		1.000	WHAT COUNT	Sep.	10 X NEVER	1918 MARRIED	9 BALTIMO	ORE CITY C	YRS OR COUN	TY OF DEAT	TH .	
	shington, 1		USA		WIDOWE	D D	NORCED		ntgom				A
Ta	koma Park		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!  Washington Adventist Hospital				(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					SINESS	
Maryland Worc			ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN 13d.			13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS			s Street				
30 14.1	Joseph	B	DDLE	Much			'S MAIDEN NAM FIRST Lith		WIDDLE			LAST aulor	1
/) I6a	WAS DECEASED EVE	(IF YES, GIVE W		166 SOCIALS		17 INFORM		se	ADDR	ESS		AUA-ON	
1	es	wwii		220-07		Lois 1	. Much		۵	ame a	\$ 130	PROXIMATE MEEN ONSET	INTERVAL
	PART I, DEATH	WAS CAUSED	BY.	r line for (a), (b	, and ici.i	TRI	NE	parameter	CI	14	BETY	VEEN ONSET	AND DEAT
	4340 DUE TO, OR AS A CONSEQUENCE OF A CO												
	Conditions, if or gove rise to it couse 101, sto	nmediate	(b)_	RAS AGONSE	17	COM	130315	-15	ILA	NS	16.5	4	= 1
	underlying cou		(c)_	GEN	MAC	1700	O Cor	VER	iDSCO	on	sixa	Ben	ENG
	PART 2 OTHER SIG	GNIFICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATE	O TO THE TERM	IN AL DISEAS	SE OR CON	DITION G	IVEN IN PA	RT 1(o	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		NOITA	198. CONDITION FOR WHICH OPERATION WAS PERFORMED				DRMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO USED NO USES OF DEATH? YES NO URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					DEATH?
	210. ACCIDENT WAS U												
MEDICAL	(IF EITHER, NOTIFY MED	ICAL EXAMINER)	P.	M. OF INJURY	19	211 LOCATI	ON	· <u></u> -					
ME	WHILE IT NOT	WHILE		REET, FACTORY, OFF	ICE, FARM, ETC }	STREET	7	_	CITY OF 10	7_	COUNT	1	STATE
	220 I certify that sow the deces	sed alive on	9	10/		d that in (my	, 19 ) (our) opinion o	death accurre	ed on the d	ote and ha	. 19 Jour and from		(I) (we) to
	22b. SIGNATURE	(diet) (did not)	o Sol	offer death.		DEGREE	ATTENDING PHYSICIAN	MEDICAL	STA	FF TANK	226. [	DATE SIGN	JED,
7	22d. PHYSICIAN'S	NAME (TYPE OR P			1	220 ADDRE					DOTNG	NO.	1
23e	BURIAL, CREMATION		23b DATE		13c NAME OF CI			234 LOC		VER 3		, 1410 .	
	(SPECIFY) Burial		Sen 10	1970	Parklaw	1 Cemes	teru	Roc	kvill	2	Mont		Md.
A 24	FUNERAL DIRECTOR		J. Co.	elin <b>o</b> dress			SE SE	REC'D. BY				MATURE	a de
/785	00 Univ. 1	Blyd., W	Sil	ver Spr	ing, Md	•	72	* ~ ~	13/3		700		7

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours other retained by the hospital or ottending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

	1. DECEASEI			MIDDLE	CERTIFICATE OF DEATH  LE LAST (LOUISE) MUDD			REG. NO.  20 DATE OF DEATH MONTH DAY YEAR 26 HO  SEPT. 13, 1979 4			
	3. SEX FEN	IALE	4 RACE	4 RACE S. DATE C			6 AGE (IN YEARS LAST BIR	THDAY) IF U	MONTHS DAYS HOURS		
42	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WASHINGTON, D. C.		u.:	76 CITIZEN OF WHAT COUNTRY? 8		D NEVER MARRIED XX	YRS.				
00	BETHESDA 90			OLD GEORGETOWN ROAD (TYPE OF WORK FOR MOST OF WORKING LIFE) INDI						KIND OF BUSINE DUSTRY	
25	MARY LA		E OR OTHER INSTITUTION DUNTY ITGOMERY	BETHESD	/N	13d INSIDE CITY LIMITS? YES X NO   15 MOTHER'S MAIDEN NAM	13e STREET ADDRESS 9001 OL	D GEORG	ETOWN	ROA	
52	14 FATHER'S	ALOYSTUS		MUDD		FIRST	MIDDLE		BARBOU	R	
medico	160 WAS DE	CEASED EVER IN U.S. RUNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	220-58-		MOTHER M. GA	ADDRI ABRIELLE .	SAME AS	13 S	UPE	
s any injury, or other	PART	2. OTHER SIGNIFICAN  OTHER SIGNIFICAN  OTHER SIGNIFICAN  OTHER SIGNIFICAN  OTHER SIGNIFICAN  OTHER SIGNIFICAN  OTHER SIGNIFICAN	ory A	ONTRIBUTING TO I	DEATH BUT	ratic De	NAL DISEASE OR CON  200 AUTOPSY?	DITION GIVEN  20b. IF YES, W IN CERTIFY IN	ERE FINDING	GS USEI	
mous grand	OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH DAY YEAR P.M. 19		23c HOW INJURY OCCURR	YES NO YES				
= /	WHILE	216. PLACE OF IN AT WORK AT WORK AS A WORK					CITY OR TO	WN	COUNTY	51	
rked or	220.1	ertify that (1) this had be deceased alive	on teles	13 19/	July 1	20, *, 196/ nd that in (my) (and opinion o	leath occurred an the d	ote and haur an			
m ZI is morked or	0	GNATURE /	MIL	DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PI				FF CIAN []	22c. DATE S	13,	
ANI: If Ifem 21 is marked or	72 d A	OSUM NEICIAN'S NAME (TY	PE (Explant)			BETHESDA, MARYLAND					
MPORIANI: If Item 21 is marked or	72d F	JOSEPH W	KLLACE	E	NAME OF C		MARYLAND			STA	

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DADS WATERWEST OF DEADLE TOWN SOAD

ALTIMORE, MD. 21201	RS AFTER DEATH. IF ANY DELAY IS NEUTRINED GIVE PAGES 1, 2, AND 3 TO THE FUNE WITH FORM PM. 3. RETAIN PAGE 5. TO PAGES 1 AND 2 SHOULD BE FILED WITH RECORDS, 301 W PREPAGES 1. AND 2 SHOULD BE FILED WITH RECORDS, 301 W PREPAGES 1. AND 2 SHOULD BE FILED WITH RECORDS, 301 W PREPAGES 1. AND 2 SHOULD BE FILED WITH RECORDS, 301 W PREPAGES 1. AND 3. AN
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEEDED BY IS DECIDED THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 7. FOR FOUND BE 1950 WITH FORM THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W PREPAREMENT, PAGES IN AND 2 SHOULD BE FILED BALTIMORE, MARKLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	EXECUT PAGE 4 TO FUN AFTER D

		OR	DE	STARTMENT	ATE OF MARYLA		INC		e she	any prin
	1-5	STATE REGISTRAR	MEDI	CAL EXAMI	NER'S CERTIFI	CATE OF DE	ATH	REG. NO.	U	3 3
(BR)	1. DEC	EASED NAME FIRST		TH DAY	YEAR 26. HONN					
(MI)	(TYPE	OR PRINT) Micha	nel	OF E	ATED XX	9-3	1979 6:00			
	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN	PEARS IF UNDER 1 YR.	IF UNDER 24 HR	S. 2c. DATE	MON	TH DAY	YEAR 2d. HAURI
P. 20.0	Ma		March 13	,60 19	YRS.	MIN	DEAD	9-3		1979 7:00
るとは、	FOR	RTHPLACE (STATE OR SEIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?  U.S.A.  B. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNT   110 NOT 9 0 17   110 NOT 9 0							EATH
722327		shington, D.C.								MD.
THE SOLIE OF THE		Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILI	TY, GIVE STREET ADDRESS	)	FC	OR MOST OF WORKIN	G LIFE)	OR	ID OF BUSINESS
DS, SEE		LESVILLE	18410 Bea			St	udent		Edu	cation
ETAIL SOUTH	13a. ST	ATE 113b. COUNT	Y	13c. CITY OR TOWN	13d_INSIDE		TREET ADDRESS		-	
SHC SHC		aryland   Mont	gomery	Poolesv		HER'S MAIDEN NA	8410 Bea	LLISVILL	e Roa	α
VITA STA		FIRST	MIDDLE A	Muldoon,		oline	MIDD	lE.	Curt	AST i e
R DE AAGE	16g. W	<b>seph</b> (AS DECEASED EVER IN U.S. ARA		16b. SOCIAL SECUR				ADDRESS	Our C	1.0
AFTE VE P SION	N (YE		WAR OR DATES)	527-71-	7697 Josep	h A. Mul	doon, Jr	. (Same	as 1	3e)
PAC PAC	-	18 CAUSE OF DEATH (Enter only	y one couse per line to		70071				API	PROXIMATE INTERVAL
NE. NE.	113	PART I DEATH WAS CAUSED	BY:		tic Se	17058	-		BEIW	EEN ONSET AND DEATH
A PER YGIE	7	9170		A CONSEQUENCE	FOF					
NSI'		Conditions, if ony, which gove rise to immediate	) (b) C	are br	31 /re	emu				
AWIR ENT.		couse (o) stating the <u>under</u> lying couse lost.	DUE TO, OR AS	A CONSEQUENCE	OF					
IN EX.		Tyring coose tost.	(c)							
NG" NG" A BIL	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).								
MEENDE MEENDE ASSALTE	CERTIFICATION	19g DATE OF OPERATION	1		ERATION WAS PERFO	211500			Jan	
USET IL CR	N S	190. DATE OF OPERATION	140 CONDITIC	N FOR WHICH OP	ERATION WAS PERFO	KMED?			2	UTOPSY?
NOR BE CINE	ERT	21g EXTERNAL CAUSE WAS	21b. TIME OF IN	VJURY	121c HOW INJUR	Y OCCURRED (EN	TER NATURE OF IN A/R	/ IN ITEM 18 PART 1		ES NO A
HE VIEW		UNDERLYING OR	HOUR ANN. 7	NONTH DAY YE	AR BL	K in H.	eral. W	the Pole	Me	11e, 11
SHC TO TO SHC SHC	MEDICAL	CONTRIBUTING CAUSE OF D	P.M. 21e. PLACE OF	INJURY (AT HOME.	21f LOCATION					
RITH RETER REDE SE 3 SE 3 I PR	¥	WHILE NOT WHILE AT WORK	STREET, FACTOR	TIE CI	Brand	1. Wine	TO TOWN		COUNTY	PASTATE
E, W RWA RWA RWA RWA RWA RWA RWA STA		THE RESERVE OF THE PARTY OF THE				Inspection X				
PER PORT	-	22a. I certify that I took charged		No.			determined monr		y opinion	
SEC BE	18.5	death resulted from: Notur	on couses, A	ccident 12-1,		SPECIFY)	determined moni	iei [],		1 - 10
MAR MAR		ACTUAL L SIGNATURE	Why .	). Br		n 4 v	EDICAL EXAMIN	D.	GNEL DE	17 3/479
SHI		0							1.0	
MER DE A PER DE LA PER DE		EXAMINER'S NAMEDE / J	ohn G. B	a11	ADDRESS.	79'36 01	ld Geor	getown	Rd.	Beth.Md
EXECU- PAGE TO FU AFTER BALTIV	23a. Bl	JRIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF C	EMETERY OR CREMA	TORY 23d	LOCATION		coulin	mor:
) BP			-5-79		r's Cemeter	у В	arnesvi	lle	FS.SIGNATI	Md.
DHMH - 17 (VR A15 ME (5))		NAME ROBERT	A. Pumphr	ey Funera	al Homes,	SEP 10	1979	Pinta	has.	
15M 7/76	P.	A., Bethesda, M	d.			DEL IA	13/3	1,77		

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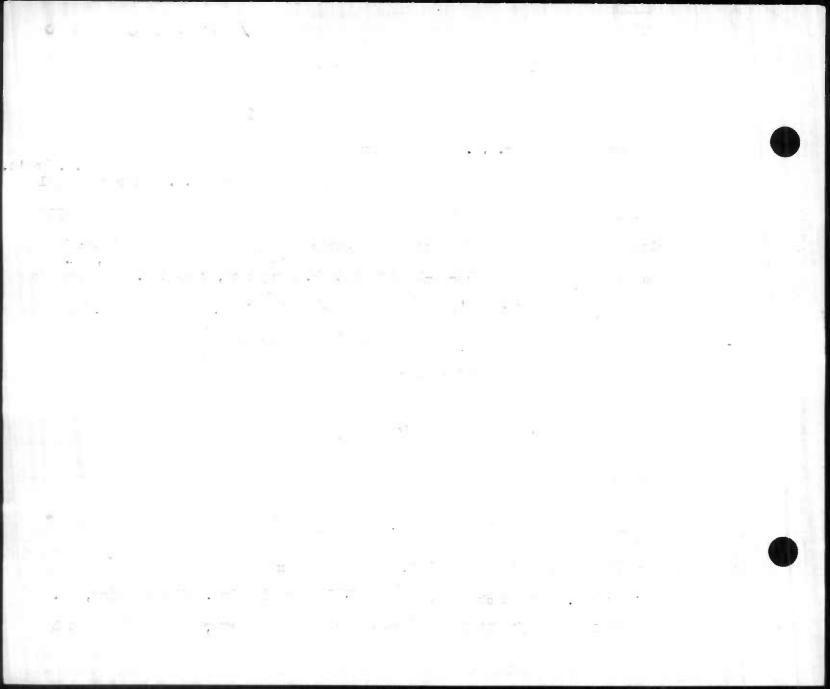
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FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 7 9	2 3 0	3 6
(TYPE OR PRINT)	ORICE MIDDLE ABRAM	MURDOCK MURDOCIC	2e DATE OF DEATH MONTH	15 79	3 P M
3. SEX	1 RACE WHITE	S. DATE OF BIRTH MONTH DAY YEAR O 7 1 4 9 2	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
5 10 CITY OR TOWN OF DEATH Bethesda	1) CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL, NURS II  I HOT INSUCH FACILITY, GIVE STREET  SUDULT DO N	MARRIED   NEVER MARRIED   WIDOWED TO DIVORCED   NG HOME OR OTHER INSTITUTION ADDRESS!	BALTIMORE CITY OR CO	merx	MD DE BUSINESS OR U-S- GOV
USUAL RESIDENCE (IF NURSING 136 STATE 136 STAT	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE COUNTY  IT IS. CITY OR TOV  Beaver  MIDDLE LAST	READMISSION   13d. INSIDE CITY LIMITS?  YES	II3e STREET ADDRESS		84713
I lea WAS DECEASED EVER IN	A Murdoc	k Lucinda  URITY NO. 17 INFORMANT	ADDRESS ]	Robinso Bethesda, ter. Green	Md.
underlying cause	ote the ast (c)	ENCE OF COLUMN SELECTED TO THE TERM	Linelok Unal DISEASE OR CONDITION	S 27 To 3	roks
190 DATE OF OPERATION  190 DATE OF OPERATION  710. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS 1 IF EITHER, NOTIFY MEDICALS  21d. INJURY OCCURRED  WHILE NOT WHILE	9 MLEST, ING   21b, TIME OF INJURY HOUR A.M. MONTH D AMINER) P.M.	OUSTE PERFORMED  216 HOW INJURY OCCURI	YES NO NO	IF YES, WERE FINDING CAUSES YES  EM 18, PART 1 OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  270. I certify that (I) (thi saw the deceased of	s haspital) ottended the deceased from	FARM, ETC.)  21f LOCATION STREET  79, and that in (my) apinion  DEGREE	CITY OR TOWN  10  10  deoth occurred on the date or	/	
72d. PHYSICIAN'S NAME George N  730 BURIAL CREMATION PEA	Sengstack OVAL 23b. DATE 23c	ATTENDING PHYSICIAN 20	MEDICAL STAFF DIRECTOR → PHYSICIAN  DIA Blvd. Silv  1334 LOCATION	9-1	5-29 Md.
OM 7/78 (SPECIF REMOVAL)  74 FUNERAL DIRECTOR NAME  NAME  J	9/17/1979  OSEPH GAWLER'S SOI	Beaver Cemetery  NS INC.  256. DAT	Beaver  E REC'D. BY REGISTRAR 256. R  SEP 2 1 19/9	0	Utahi"



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DR: After this certificate has been signed by the attending physician and completely filled in by the furuse os the burial-transit permit. Then please remave carban papers. Pages: I and 2 should be filed within

should be detached for use as the burial-transit permit. Then please remarke carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO FUNERAL DIRECTOR: After this

IMPORTANT: If them 21 is marked or Item 18 shows any

injury, or ather troumotic event, the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST Shir:	ley ANN	Myers	09/	23/79 2b HOUR 10:20A
3. SE	Female	4. RACE WHITE	S. DATE OF BIRTH MONTH DAY YEAR OCT 23, 1932	6. AGE (IN YEARS LAST BIRTHD	YRS.
(	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COL	MARRIED NEVER MARRIED WIDOWED DIVORCED	□ Montgomery	County MD.
0.	Iney, Md.	Montgomery	General Hpspital	LITYPE OF WORK FOR MOST OF W	
130. S	TATE 135 CC MARYLAND MO THER'S NAME 18ST ROSCOE VAS DECEASED EVER IN U.S.	MIDDLE L. N. MC	PR TOWN  13d INSIDE CITY LIMIT  PES IX NO   15. MOTHER'S MAIDEN  FIRST  GREW  GEORG  17 INFORMANT  14 - 0407	NAME MIDDLE	GRAHAM  AME AS 13 HUSBAND
7	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost	DIATE CAUSE (0)  DUE TO, OR AS  (b)  DUE TO, OR AS A COL	Decolema NECOUENCE OF furtures	of breat	S Grant TION GIVEN IN PART 1.0
CERTIFICATION	19a. Date of operation	196 CONDITION FOR	which operation was performed		ROB IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES  NO
MEDICAL CER	2)0, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED AT WORK NOTIFY NOTIFY MEDICAL EXAMI 22c.1 certify that (1) (\$bus be sow the deceased alive above, (1) here) (\$6-4)	HOUR A.M. MON P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY  opporal) offended the deceased	TH DAY YEAR  19 21f LOCATION STREET  from 19 19 75, and that in (my) (successor) DEGREE  ATTENDIN	NG MEDICAL STAFF	COUNTY STATE  19 19, that (I) (10) loss and hour and from the causes stated  22c. DATE SIGNED
	Touce	e C. Duc	PHYSICIA	N DIRECTOR PHYSICIA	N 162021 17

DONALD DILLON 18111 PRINCE PHILIP DR., OLNEY, MARYLAND ORY ALEXANDRIA COUNTY VIA 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION 23b. DATE 9/26/19 23c. NAME OF CEMETERY OR CREMATORY VIRGINIA METROPOLITAN CREMATORY

DHMH - 16 50M 1/76 (VR A 15 (4))

FUNERAL DIRECTOF RANCIS J. COLLINS ADDRESS 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

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7.11. Utilities India 200 200 or to breshing the ...

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MALVERY , VELLO, 300 TELLING SOLVERY LIKELY AND LAME.

SAA SHIR, LINE, A. JILHER SHRING, VO. 20901

-	FOR STATE REGISTRA
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ending physician and car carbanpapers. Pages 1

shauld be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. After this certificate has bee

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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9	La	3	U	3	(
DEC	S NO				

1 -	REGISTRAR		CERTII	FICATE OF DE	ATH	REG. N			
	CEASED NAME FIRST	WIDDLE		LAST		20. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
	Nancy	Ann	Ne.	lsen			9-6	- 14	14:50
3 SEX		4 RACE		OF BIRTH		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	
F	emale	Cauc.	MONT	1 DAY	42	37	VDC MC	DAYS	HOURS MI
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	0 0 0			9 BALTIMORE CITY	R COUNTY	OF DEATH	1
	OUNTRY)	TI C A	MARRIE	DIN NEVER MA	ORCED				
	nnesota ITY OR TOWN OF DEATH	U.S.A				Montgomer			OF BUSINESS
		(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)			(TYPE OF WORK FOR MOST O	F WORKING LIFE)		ne
	ethesda	16901 Granby St	reet			Housewife		1101	
	STATE 136 COL			134 INSIDE CIT	Y LIMITS?	13e STREET ADDRESS			
M	Mont	gomery Bethes	sda	1	NO 🗌	6901 Grant	v Stre	et	
14 FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S	MAIDEN NAA	MIDDLE	4		AST
N	erris	Nybo		Mildre	d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Be	
160 V	WAS DECEASED EVER IN U.S.		ECURITY NO.	17 INFORMAN		ADDR	ESS	1100	
		IVE WAR OR DATES)	0/2/	77.11.	17 7	(001 0	1 0		
N.	0	470–46-		1 WIIIIa	m Nels	en 6901 G	canny S	reer	VIOLATE INTRODUCTION
	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE		NOT RELATED T	O THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	(0)
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WE				200 AUTOPSY?	20b. IF YES,	WERE FIND	
RT		The state of a large		Tax Howen	1011 - 661100	YES NOT	YES		NO 🗌
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE		DAY YEAR	ZIL HOW IN J	URY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 1B, PAR	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFI	FICE, FARM, ETC.)	211 LOCATION STREET	4	CITY OR TO	VN	COUNTY	STATE
	sow the deceased alive a	pital) attended the deceased from AVSUST 30 profit view the body after death.				to SCAL	ote and hour	99 and from the	, that (1) (we) e causes stated
	224 PHYSICIAN'S NAME (TYPE	hard W.	Holt	DEGREE AT PH	TENDING HYSICIAN	MEDICAL STA	FF Clan	9-6	signed 0-79
				THE ADDRESS					
	Richard W. Ho	1t, M.D.		13800 R	eservo	ir Rd., N.V	1. D C	20	007
22- 0	BURIAL CREMATION REMOVA	1 22h DATE	23. NAME OF			23d LOCATION			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar

DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR:

24. FUNERAL DIRECTOR OBERT A. PUMPHREY F BETHESDA, MARYLAND PUMPHREY FUNERAL ROBERT (VR A 15 (4)) HOMES, P.A.,

Buria1

Detroit Lakes, Minn. Oak Grove Cemetery



Dark Land Special Control of the

See the second

	FOR STATE		STATE OF MARYLAND NT OF HEALTH AND MENTAL I AMINER'S CERTIFICATE (		3039	
	REGISTRAR CEASED NAME FIRST	WIDGLE	LAST	20. DATE KNOWN	NO. MONTH DAY YEAR	2k HOUE
	LEE LEE	W,	OLIVER	OF ESTI- DEATH MATED	923,79	10:45
3 SEX	ALE CAUC.	5. DATE OF BIRTH MONTH GAY YEAR 1900	GE (IN YEARS IF UNDER 1 YR. IF UNDER AST BIRTHDAY)  MONTHS GAYS HOURS  79 YRS.	R 24 HRS. 2c. DATE PRONOUNCED DEAD	9 17 79	2d. HOU
7n BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY	Y OR COUNTY OF DEATH	7^
44 C	olorado	U.S.A.	WIDOWED DIVOR	CED   MONTO	SOMERY	ME
0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 1+D/Y CROS	ADDRESS)	Packaga noger		
	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Comma	no
100	ATHER'S NAME	NI. KENS	INGTUN YES NO [	11129 DEW	EY RD.	
50 J	FIRST	bert Oli	ver Alice	MIDDLE	Brownlee	
/ 16e. V	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE Yes	WAR OR DATES)	SECURITY NO. 17. INFORMANT	ADDRE		
		11 262-4.  nly ane cause per line far (a), (b), ap.		e M. Oliver	, same as #1	
OR REMOVAL	Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying</u> cause last.	(b)	UENCE OF			
CATION	Non	C	O THE TERMINAL DISEASE OR CONDITION GIVEN IN P	ART 1 (a).	Tan AUTOBSV2	
IFICATION	/1/	196 CONDITION FOR WHI	O THE TERMINAL DISEASE DR CONDITION GIVEN IN P	ART I (a).	20. AUTOPSY?	NO FX
CAL CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH DA	CH OPERATION WAS PERFORMED?	ART 1 (a). ED (ENTER NATURE OF INJURY IN ITEM	YES 🗆	но 🖹
MEDICAL CERTIFICATION	190 DATE OF OPERATION  210 EXTERNAL CAUSE WAS  UNDERLYING OR	216. TIME OF INJURY HOUR A.M. MONTH DA	CH OPERATION WAS PERFORMED?  Y YEAR  21c. HOW INJURY OCCURR		YES 🗆	NO STATE
CERTIFIC	19a DATE OF OPERATION  21a EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING OAUSE OF  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that I taak chard death resulted fram: Nature  ACTUAL  SKINATURE	216. TIME OF INJURY HOUR A.M. MONTH DA DEATH P.M. 216. PLACE OF INJURY (A	CH OPERATION WAS PERFORMED?  Y YEAR 19 1 HOME, 21f. LOCATION STREET  seld an Autapsy , Inspection , Suicide , Hamicide , TITLE (SPECIFY)	CITY OR TOWN  Inquiry ,  Undetermined manner  MEDICAL EXAMINER 11	COUNTY  and in my apinian  DATE COUNTY  PATE COUNTY  COUNTY	STATE
MEDICAL CERTIFIC	190 DATE OF OPERATION  210 EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING OR 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that I taak charded the resulted fram: Nature  EXAMINER'S NAME  TYPE OR PRINT)  URIAL, CREMATION, REMOVAL	21b. TIME OF INJURY HOUR A.M. MONTH DA DEATH P.M. 21e. PLACE OF INJURY (A STREET, FACTORY, FARM. ETC.)  ge of the remains described above, I ural causes Accident  Ohn S. Rogers 23b. DATE 23c. NAM	CH OPERATION WAS PERFORMED?  Y YEAR 19 1 HOME, 21f. LOCATION STREET  eld an Autapsy , Inspectic , Suicide , Hamicide , TILE (SPECIFY)	CITY OR TOWN  Inquiry ,  Undetermined manner   MEDICAL EXAMINER S113  Seminary RC  136 LICATION	COUNTY  DATE OF FING, oad, Maryl.	state

MYLM THE BENEFIT HE WAS A all the same town and the same that the same mnivent less specimes sier . G.H. Stonon . Library

him bely , promoter or or notice or a service of the sold

5	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 7 9 2	3040
G/s		REGISTRAR  CEASED NAME FRST  OR PRINT)  LILLIA	MIDDLE M.	O'NEILL	TE DATE OF DEATH	DAY YEAR 25. HOUR 25. 1979 2 8 M
ctor page 1. other de	3 SE	FEMALE	4 RACE WHITE	S. DATE OF BIRTH MONTH MAY 11, 1901	6 AGE (IN YEARS LAST BIRTHDAY) 78 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
of once.	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?		MONTGOMERY	OF DEATH
notified O		TY OR TOWN OF DEATH  SILVER SPRING	(IF NOT IN SUCH FACILITY, GIVE STREET 800 NEW YORK	AVENUE	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSFWIFF	17h KIND OF BUSINESS OR INDUSTRY
should be	13a. S	ARYLAND MONTO	OTHER INSTITUTION, GIVE RESIDENCE BEFOR ITY 134. CITY OR TOW BOMERY SILVER S	PRING YES NO [	130. STREET ADDRESS	AVENUE
completel l ond 2 s		THER'S NAME FIRST  JOHN  VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECI	15. MOTHER'S MAIDEN NA FIRST  BERTH  URITY NO. 17. INFORMANT 7041	MIDDLE	HOSE
rcian and co	(	(IF YES, GIVE	220-28-	7466 ROSEMARY COT		O SHERATON STREE  ATON, MARYLAND  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL
een signed by the attending physis it. Then please remove carbonpape ior to burial, cremation, ar removal iy injury, ar ather traumatic event, t	TION	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b) GINTURO  DUE TO, OR AS A CONSEQUE  (c) AUGUSTAN  CONDITIONS CONTRIBUTING TO	ENCE OF  ENCE OF  ENCE OF  WAS AND ANTINOCHEM  DEATH BUT NOT RELATED TO THE TERM		
ws or	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	INCERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? SS NO NO
this certificate the burol-transit and Mental Hygie ced or Item 18 sho	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK	LUCUS AND MONTH O	19 21f LOCATION	CITY ORTOWN	COUNTY STATE
RECTOR: After ned for use as spt. of Health tem 21 is mart		22a.I certify that (I) (fills hosperson the deceased alive on	tel) offended the deceased from 1971 in the body after death.	March 19 54 , and that in (my) (am) apinion	death accurred on the date and hou	19 74, that (1) (was) lost or and from the causes stated
ERAL DI se detact State De ANT: If H		22d. PHYSICIAN'S NAME (TYPE O	H. Maum	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	September 13 1979
should by with the		AARON H.			AVENUE, SILVER	SPRING, MD.
P	- (	BURTAL  JUREAL DIRECTOR	9/27/79	NAME OF CEMETERY OR CREMATORY  GATE OF HEAVEN  [250 DAT	23d. LOCATION CITY OR TOWN  STIVER SPRING TE REC'D. BY REGISTRAR 25b. REGIST	
DHMH-16 20M 'RA 15, 4) 7/7B		500 UNIV RIVO	CIS J. COLLINGS W. STIVER SPRIN	G. ND. 20901 SEP	1 4 1979 Riota	Bell ,

L President and the second of the second sec

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type ar print) ornelia 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years Feb. 18, 1890 last breday) MONTHS Female. White 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH (duntry) Delaware USA Montgomery WIDOWED TT DIVORCED | 10 CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) **INDUSTRY** deoth PRESTON STREET, BALTIMORE, MARYLAND 21201 Olney Brooke Grove Foundation Home H. Wife 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admissian) STATE Md. 13b COUNTY Mont. Olney YES X NO 4225 Stafford Rd. puo 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Middle Last Mary William Roach E. Truitt Pages 17. INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (If yes give war or dates of service) (Yes pg, ar unknawn) 182-36-4907 William A. Roach, Jr. Same as # 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending Canditians, if any, which gave rise ta immediate cause (a), please stating the underlying cause × OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 301 permit. 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) buriol,

21g. ACCIDENT WAS UNDERLYING [ 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year

(If either, notity medical examiner) P.M. 21d. INJURY OCCURRED

County

While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on.

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION / Street or R.F.D. No.

City or Town

and that in (my) (our) opinion death occurred on the date and hour and from the

causes stated above (1) (we) (did) (tid not) view the body after death. SIGNATURE

22w. ADDRESS

22t DATE SIGNED

PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION,

Barrova Be-Removal

Sept.10.1979 Odd Fellows Cemet ry

23d. LOCATION (City or Town)
Milford Sus

Sussex

DHMH-16 1/71 30M (VR A15 (4))

DIRECTOR:

O FUNERAL shauld l

0

24. PUNERAL DIRECTORANCLS, H. BARBER, FUNERASS HOME LAYTONSVILLE, MD. 20760FP

2Sa. REC'D BY REGISTRAR

25b. BEDISTRAR'S SIGNATURS

 er death.

Uneral 1 and 2

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

0	4	2
U		- Cong

		CERTIFICA	ATE OF DEAT	H ' '	(in	0 0 1	-
1. DECEASED-NAME First	Middle		Lost	2o. DATE	OF DEATH	Day Vans	2b. HOUR
(Type or print)	Linthicu	n	Owings	-	Month	29 179	8:25
3. SEX	4. RACE	9	. DATE OF BIRTH		6. AGE (In year	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	Caucasian		Oet. 31,	1886	last birthday)	YRS. MONTHS DAYS	HOURS MIN
	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY	OF DEATH		
Maryland	U.S.A.	WIDOWED			Mentgemer	ry.	N
IO. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If nat	in haspitol 12a.		ON (Kind of work		F BUSINESS OR
Gaithersburg	give street oddress) Wilson Healt	th Care	Cemter F	armer	ng life, even if reti	red.) INDUSTRY	
13o. USUAL RESIDENCE (Where deceased admission) STATE	lived, if institution: Residence befare	13c. CITY OR 1	OWN 13d. INSIDE		STREET AND NUMB		74038
admission) STATE Md.	Montgomery	Gaither				ll Avenue	
14. FATHER'S NAME First	Middle Last		MOTHER'S MAIDEN NA		Mid	dle	Last
L.	Gillis Owing			Ella		Linthi	
16a. WAS DECEASED EVER IN U.S. ARMET Yes, na, ar unknown)   (If yes give wor.	or dates of service)	NO. 17. IN	FORMANT Asbur	y Home I	RecordsAddr	201 Russe	ll Ave.
No -	217-36-50	031A B	arbara Cle	mmons	G	aithersbu	rg Md.
	one cause per line for (o), (b), and (c)	.)				BETWEEN	ONSET AND DEATH
PART I. DEATH WAS CAUSED I	CAUSE (0) _ Conge	Stile	Heart	failure	2	14	· days
14/40	DUE TO, OR AS A CONSEQUENCE OF						
Conditions, if any, which gave	(b) Arterio	sclero	tic Hear	+ Di	5770 50	2	chan
rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		0 1			E142	1
last.	(a) Genero	elized	DACTE	cioscla	८०००	5	42015
PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE	E OR CONDITION GI	IVEN IN PART I(o)		-
×							
19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?			INGS CONSIDERED IN	CERTIFYING
19a. DATE OF OPERATION 19b. CO				0	SES OF DEATH?	4,1	1-5-45
			V INJURY OCCURRED	(Enter nature of in	njury in Part 1 ar P	Part 2, Item 1B.)	7-12-7
OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine)	HOUR A.M. Month Doy Yeor	9					
	LACE OF INJURY (AT HOME, FARM, STREET, FA		ATION Street or R.F.I	D. Na. C	ity or Town	County	State
While Not while at wark	COFFICE BUILDING, ETC.						
22a. I certify that (1) (this	haspital) attended the deceas	ed fram_A	4017	19 79, ta_	500124	, 19 79, tha	t (1) (we) la
saw the deceased aliv	ve an Sept 24	19_ <b>79</b> , and	that n (my) (aur	apinian deat	h occurred on t	he date and haur	and fram th
	(I) (we) (did) (did nat) view the	bady atter de	eath.		1	61-	
226. SIGNATURE	711		ATTENDING	MED.	STAFF	22c. DATE SIGNED	
- Com	Morris	DEGRE		DIRECTOR L	→ PHYS. ⊢	Sem 2	7. 1479
22d. PHYSICIAN'S NAME (Type) James	R. Moore, Jr., N	f.D.	22e. ADDRESS 207 By	rookes 1	Aug Gr	Ethers 6ur	n. A
23a. BURIAL, CREMATION, 23b. DA		CEMETERY OR C			TION (City or Town		(Stote)
PEMOVAL (Specify)	+ 9 170 Oaker	reve Co	emeterv	Gler	beew	Howard	Md.
OA FUNEDAL DIRECTOR	Sandison 3160RESS	Diame	ad Ave 25a. RE	C'D BY REGISTRAR	19 25b. REGIS	TRAR'S SIGNATURE	Clusty
Gartner-Sandison	F.H. Gaithers	hure.	DATE				0 3/
AME AWAY AMINGTON	- and	DOUG PARTY					200

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours aft

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with Jump		da gerdanki	awaran' water	. 15. *

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NOTO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours of the with the State Dept. of Health and Mental Hygene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 retained by the haspital ar attending physician.

DHMH - 16 50M 1/76
(VR A 15 (4))

	CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1.7	Ralph	С.	PARK	ŒR, SR.	September 24	1979 800 F
3 SEX		4 RACE	5 DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
	ale	Caucasian	May	22 1884	95 YRS	
CO	RTHPLACE (STATE OR FOREIGN DUNTRY)  WYORK	TE CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Montgomery	Y OF DEATH
	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE)  National Naval	T ADDRESS)	'	(TYPE OF WORK FOR MOST OF WORKING IN S. Navy Off	126 KIND OF BUSINESS INDUSTRY Navy
J30. S	AL RESIDENCE (IF NURSING HOME OR 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5706 Bradley	
	THER'S NAME	NDDLE Parker		15. MOTHER'S MAIDEN NA	MIDDLE	Chandler
	VAS DECEASED EVER IN U.S. AR	AED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT		tsford, N.Y.
(YI	ves, no or unknown) (IF yes, Give	WAR OR DATES) 577 48	0017	Ralph Parker	r, Jr. M.D. 73 S	
	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEOU  (b) STAGE D.	PROST		MA of Prostate	
CATION	Conditions, if any, which gove rise to immediate couse (D), stating the underlying couse last.	DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU  PROFOUND	PROST  PROST  JENCE OF  SENIL  DEATH BUT	HETIC -CARCONO  E DEMENTIA  NOT RELATED TO THE TERM	MA of Prostate  WINAL DISEASE OR CONDITION GI	ES, WERE FINDINGS USED
RTIFICATION	Conditions, if any, which gove rise to immediate cause (D), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO.  19a DATE OF OPERATION	DUE TO, OR AS A CONSEOU  (b) STAGE D.  DUE TO, OR AS A CONSEOU  (c) PROFOUND  ONDITIONS CONTRIBUTING TO	PROST  PROST  JENCE OF  SENIL  DEATH BUT	HETIC -CARCONO  E DEMENTIA  NOT RELATED TO THE TERM  N WAS PERFORMED	MA of Prostate  MINAL DISEASE OR CONDITION GI  200 AUTOPSY?  YES X NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\infty\)
ICAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse ID1, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSEOU  BY STAGE D.  DUE TO, OR AS A CONSEOU  CONTRIBUTING TO  PROFOUND  ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  HOUR A.M. MONTH D  P.M.	PROST  JENCE OF  SENIL  DEATH BUT  H OPERATIO	E DEMENTIA  NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR	MA of Prostate  WINAL DISEASE OR CONDITION GI  200 AUTOPSY? 20b. IF YI IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\infty\) NO \(\square\)
MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse ID., stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO.  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSEQUENCE CAUSE TO, OR AS A CONSEQUENCE CONTRIBUTION TO CONTRIBUTION FOR WHICH THE CONTRIBUTION TO CONTRIBUTION FOR WHICH THE CONTRIBUTION TO CONTRIBUTION FOR WHICH THE CONTRIBUTION FOR WHICH	PROST  PROST  JENCE OF SENIL  DEATH BUT  H OPERATIO  DAY YEAR  19  FARM, ETC.)	HETIC CARCONO  E DEMENTIA  NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR  21f LOCATION  STREET	MA of Prostate  MINAL DISEASE OR CONDITION GI  200. AUTOPSY? YES NO YES	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\infty\) NO \(\square\)
	Conditions, if any, which gove rise to immediate couse ID1, storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONSEQUENCE CAUSE TO, OR AS A CONSEQUENCE CONSEQUENCE CONTRIBUTION TO CONTRIBUTION FOR WHICE CONTR	JENCE OF PROST.  JENCE OF SENIL.  DEATH BUT  H OPERATIO  DAY YEAR  19  FARM, ETC.)  SEPT.  79 , or	E DEMENTIA  NOT RELATED TO THE TERM  N WAS PERFORMED  21t HOW INJURY OCCUR  21t LOCATION  STREET	MA of Prostate  WINAL DISEASE OR CONDITION GI  200 AUTOPSY?  YES NO   IN CERT  YES NO   YES N	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \infty \) NO \( \infty \)  PART 1 OR PART 2)  COUNTY STATE
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FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO AA IDDI E 2n DATE OF DEATH MONTH DAY DECEASED NAME TYPE OR PRINT 0 5. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY MALE CAUCASTAN 1894 MARCH 21 85 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY NEW YORK U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATIONS (TYPE OF WORK FOR MOST OF WORKING LIFE) 11488 SALESMAN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 1 13d INSIDE CITY LIMITS? 14804 SPRING MEADOWS DRIVE MARYLAND MONTGOMERY GERMANTOWN NOX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE OSCAR MILLER PENNOYER FLORENCE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 092-22-9701 SAME AS 13e YES WWI GRACE ADELEN GREENBERG CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a PHROSCUEROSTS Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying CERTIFICATION

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITS

ON PREMIONAL HEMONAHAGE CASTALT

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

71a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

P.M 19 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE

220 I certify that (1)(this hospital) attended the deceased from Sent 19 79 sow the deceased olive above, (1) we) (did) (did not) view the body after death and that in (our) opinian death accurred an the date and hour and from the couses stated

22b. SIGNATURE DEGREE 22c. DATE SIGNED ent6,1979 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MD

324 PHYSICIANUS NAME THE CO. P. 22e ADDRESS Brookes Due Gaithersburg Md. DDre .

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN STATE (SPECIFY) COUNTY 9-8-79

KENSICO CEMETERY 24. FUNERAL DIRECTOR ROCKVILLE ADDRESS

ROBERT A. PUMPHEY FUNERAL HOMES P/A

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To. BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH THKOMH PARK

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 136 COUNTY

FOR STATE REGISTRAR			DEPART	STATE MENT OF HE CERTIFI
EASED NAME	FIRST	WIDDLE		LA
ROBERT	FI	CANKL	IN	YE1

76 CITIZEN OF WHAT COUNTRY

13c. CITY OR TOWN

OF MARYLAND EALTH AND MENTAL HYGIENE CATE OF DEATH

1901

5 DATE OF BIRTH

MARRIED

MONTH G

	REG. NO.	,
	20 DATE OF DEATH MONTH DAY YEAR	2b. HOUR
	9-3-19	1:25 %
	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
2	MONTHS DAYS	HOURS MIN
)	BALTIMORE CITY OR COUNTY OF DEATH	
	Montgomery	MD
	120. USUAL OCCUPATION 12b. KIND OI	F BUSINESS OR
10	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PHOTOGRAPHY EVEN	INF STAI
-	13e STREET ADDRESS	EWS
	8152 Eastern Avenu	e, N.W
А٨		
	MIDDLE	
ì.	e Bal	kman

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

24 hp.5

YES 🖹 MAKWXXXXX Wash NO 14 FATHER'S NAME IS MOTHER'S MAIDEN N MIDDLE FIRST Frank Perkins Mollie 16h SOCIAL SECURITY NO. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Elizabeth Perkins-wife-(same as no 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: EN ABDOMINAL ADRIC ANEURYSM

4413 Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	OBSTRUCTIVE	PULMONARY DISESSE	204
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	•		
PART 2 OTHER SIGNIFICANT CO			DISEASE OF CONDITION GIVEN IN PART 1	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT KELATED TO THE TERMIN	IAL DISEASE OR CONDI	HON GIVEN IN PART
HYPERTENSION	20 YRS.	RENA	AL INSUFF
TO DITT OF ODERLY ON	ALLIANA DERECENTED	Lan ALLITORONA I	ON IF HEC WEEDE FILLS

ACCIDENTIWAS UNDERLYING 21b. TIME OF INJURY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF

COUNTY

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] CITY OR TOWN

220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive on above (II) we) (did) (did not) view the body after death and that in (aur) apinion death occurred an the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

22e ADDRESS 20012 7600 CHRROLL AVE. THROMA PARIC

DIRECTOR PHYSICIAN

23( NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION

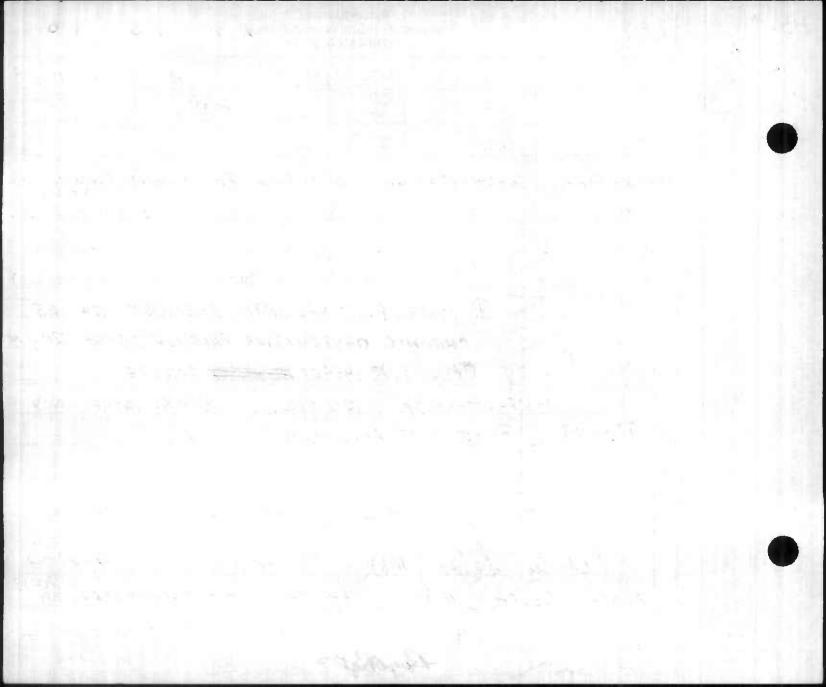
9-6-1979 Burial Parklawn Cemetery Pumphrey, Inc. 8434 Ga. Ave., S.S. Md:

Rockville Montgomery Md. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Tistry Mc Cready

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

FUNERAL DIRECTOR: haspital



completely filled in by the funeral di 1 and 2 should be filed within 72 ha

signed by the attending physicion

	FOR 1 - STATE REGISTRAR 1. DECEASED NAME FIRST	DEPA	RTMENT OF H	E OF MARYLAND  IEALTH AND MENTAL HY  ICATE OF DEATH	REG. NO	2 3 0	4 7
	(TYPE OR PRINT) Mildne		7	Pike	20 DATE OF DEATH	27 79	7 A
	3. SEX <b>Female</b>	4 RACE White	5 DATE O		6 AGE (IN YEARS LAST BIRTH	MONTHS DA	
9	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT U.S.A.	MARRIE		9 BALTIMORE CITY OR Montgomer		M
/	Takoma Park  USUAL RESIDENCE (IF NUR NO 1006)	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST Washington Ad	reet address) ventist		120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF THOUSE WIFE	WORKING LIFE) INDUSTI	D OF BUSINESS OR RY Home
6	Md. P		OWN	13d INSIDE CITY LIMITS?		ell Terrac	e
1	14 FATHER'S NAME FIRST David	W. Lew		15 MOTHER'S MAIDEN NO FIRST Maribelle	(NMI)	Mi	ckel
2	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	0-3243	Miriam L. Ty	ADDRES 750n	No # 13e	
	PART I. DEATH WAS CAU	only one cause per line for (a), (b) ISED BY: IATE CAUSE (0)  DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE	CHECK OF	l nucirame	us, i'eten	APPR BETWE CUL	COMMATE INTERVAL EN ONSEI AND DEATH
	PART 2. OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING			20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED
2.	OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED		19	21c. HOW INJURY OCCUP 21L LOCATION STREET	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART   OR PART 2	
	220.1 certify that (I) (this has	on view the body after death.	9 74 . 01	nd that in (my) (our) apinion	, to, to		—, that (I) (we) last the couses stated

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

N. BRENNWALD 23b. DATE

10-1-79

Gasch's Sons F.H. P.A. Hyattsville, Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

24 FUNERAL DIRECTOR

Burial

STAFF PHYSICIAN

23d. LOCATION CITY OR TOWN
Elmira

rd E. Silve your

Chemung

BY REGISTRAR 256. REGISTRARIS SANATUR



PHYSICIAN: The

OR ATTENDING

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STATE OF MARYLAND

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	STATE OF MARYLAND						
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	23					
R	EDICAL EXAMINER'S CERTIFICATE OF DEATH	7					

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REDICAL	EXAMI	NER'S	CERTI	FICATE	OF	DEATH

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6m	0	U	-	3
REG. NO	79			

1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 3 0 4 9						
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.						
	DECEASED NAME RIST MATERIAL PRINTS	3. Ren	dercast	20. DATE KNOWN AND OF ESTI-	7-11-1979 25. HOUR.		
3. SE	4. RACE S. DATE OF BIRTH MONTH OAY Feb. 8,1		UNDER 1 YR. IF UNDER 24 HR ONTHS DAYS HOURS MIN.	S. 2c. DATE PRONOUNCED DEAD	7. 11 1979 2 AM		
E	BIRTHPLACE (STATE OR TO THE CONTINUE OF WHAT FOREIGN COUNTRY)  Ireland  USA	COUNTRY? 8. MAR	RRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	CMY CF / MD.		
	Gaithers berg 93017	AL, NURSING HOME, OR O'TY GIVE STREET ADDRESS)		USUAL OCCUPATION (TYPE OF V OR MOST OF WORKING LIFE) retired	WORK 126 MIND OF BUSINESS OR INDUSTRY		
130.	N.Y. J	ackson Hgts	YES NO 3	STREET ADDRESS 3-24 77th	St.		
14, 8	Patrick J. O Connor	LAST	15. MOTHER'S MAIDEN NA FIRST Margaret	Daly	LAST		
	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	no	unk.	Richard O.	Prendergast	#13		
	Canditions, if any, which gave rise to immediate (b)	A CONSEQUENCE OF	ive Cardio		10002		
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION W		I WAS PERFORMED?		20. AUTOPSY?		
CAL CERTI	210 EXTERNAL CAUSE WAS 216. TIME OF IN HOUR A.M. A CONTRIBUTING CAUSE OF DEATH P.M.	NJURY MONTH DAY YEAR	HOW INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM 18 PART	YES NO A		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTOR AT WORK  21e. PLACE OF STREET, FACTOR		LOCATION STREET	CITY OR TOWN	COUNTY STATE		
		ccident , Suicide	rapsy , Inspection , Un	Inquiry and in determined manner,	my opinion		
	ACTUAL SIGNATURE John 1.	Boll	Datatis	NEDICAL EXAMINER	DATE SEPT 11,1979		
1	EXAMINER'S NAME (TYPE OR PRINT)		ADDRESS				
	G.BURIAL CREMATION, REMOVAL 236. DATE 9/14/79	Long Islam	nd National	Pinelawn,	COUNTY STATE		
24.	NAM 4748 Wisc. Ave. ADDRESS W		20016 250. DATE	1,2,121	- January		

BP\_ **DHMH-17** (VR A15 ME (5)) 15M 7/76

NAM 4748 Wisc. Ave.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the medical

IMPORTANT: If Hem 21 is marked or Item 18 shows ony

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death certificate

PHYSICIAN: The low

etoined by the hospital or attending physicion. OR ATTENDING

TO HOSPITAL

#### STATE OF MARYLAND

	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 9 2 3 0 REG. NO.						5 0	
		EASED NAME FIRST	WIDDLE	1	AST	2a. DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR
		DOROTH)	Hellen 7	RE	TTYMAN		9-19-7	9 5 AM
-1	3. SEX		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
		EMALE	CAUCASIAN	Janu	-/	70	YRS.	
		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEAT	н
5		MD.	U.S.A.	WIDOWE	DIVORCED	mo	NTGOMO	ERY MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI	ION 12b. KIN	ND OF BUSINESS OR
9	_	HEATO N	UNIVERSITY		SING HOME	HOUSEWI	FF	Home
J	13a. S		DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JNTY 13c CITY OR TOW		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
5	1	MD MON	TEOMERY ROCKYI	LLE	YES NO	203 FC	DREST	AVE
	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA.	ME		
1	1	3 ERRY Ed	lward CLAR	K	MARY	М.		LTON
		AS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE		ARLINGTON.
		NO	577-34	-11 77	FORREST J. P	RETTYMAN P.	0.BOX9262,	VA.
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), op	d (c). f	. 5		API BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
d			ATE CAUSE (a) ARK	un	su dereor	0	ses	orl seres
		3320	DUE TO, OR AS A CONSEQUE	NCE-OF	0 5	- 0 1	2	0
		Conditions, if ony, which	( 16) Helle	ale	ed arle	include	u l	upen.
52		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF				
9	-13	underlying cause last.	DOE TO, OK AS A CONSECUE	ENCEOFY				
	120	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
	Z	1	10. Page	10	C 0 04	MAL DISEASE ON CONT	DINOIT ON EIT INT AN	, , , , , , , , , , , , , , , , , , , ,
H	ATI	190 DATE OF OF RATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIL	NDINGS LISED
2	CERTIFICATION				V	Was a wall	IN CERTIFYING CAL	JSES OF DEATH?
2	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES T	NO 🗆
1	_	OR CONTRIBUTING CAUSE OF D	110115 111 11011711	AY YEAR	The state of the s	TENTER MATORE OF INJUR	THEM ID, PART I OR PAR	21
	GA	(IF EITHER, NOTIFY MEDICAL EXAMINE		19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
	<	WHILE NOT WHILE AT WORK		211		1 1 1		

and that in my

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(aur) apinion death occurred an the date and haur and flam the causes stated

that (we) last

22a.1 certify the Divithis hospital attended the deceased from saw the deceased alive on the body offee abaye (b) ye) (did) (did not) view the body offee

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN

22c. DATE SIGNED 9 - 20 - 79

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Bowditch

Hunter

22e ADDRESS Edmonston West Drive Rockville, Maryland 20852

230. BURIAL, CREMATION, REMOVAL	23b. DATE
BURIAL	9-22-79

231. NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEMETERY

23d. LOCATION CITY OF TOWN COUNTY

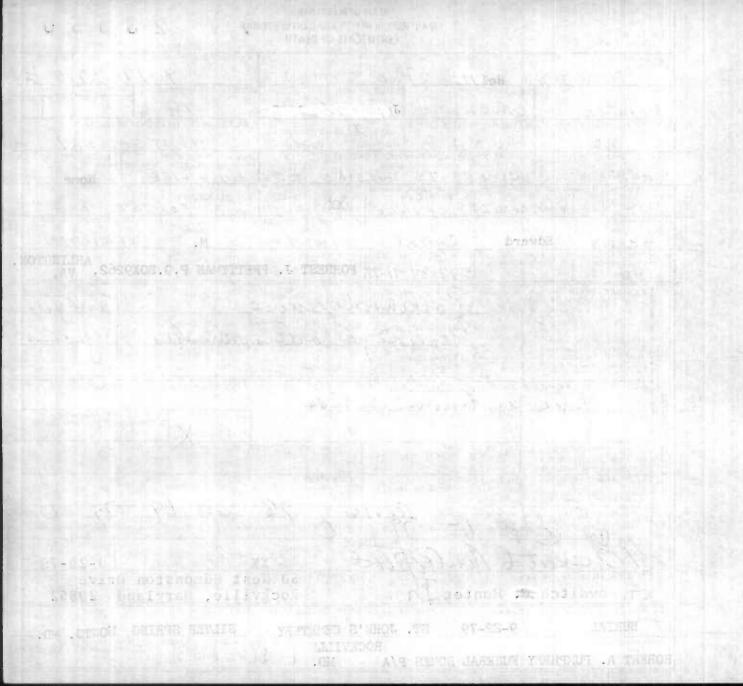
STATE

DHMH-16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES P/A

ROCKVILLE MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SEP 2 7 1979



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be etained by the haspital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director processhould be detached for use as the busial-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filed within 72 having an index with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at an area.

FOR

- STATE

REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 3

1	I DEC	CEASED NAME FIRST	MIDDLE	L/	AST	20. DATE OF DEATH		YEAR	2b. HOUR	
		OR PRINT)	10 × 11	Dui						
	3. SEX		4 RACE	5 DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTH	IDAY) IF UND	ERIYEAR	3.00	
		Female	WHITE	MONTH		89	YRS.	DAYS	HOURS	MIN
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8		9. BALTIMORE CITY OF		EATH		
7	cc	Yoland	U.S.A	WIDOWE	DINEVER MARRIED	MONTO	Somer	-		MD.
-	10 CI	TY OR TOWN OF DEATH		AL, NURSING HOME O	ROTHER INSTITUTION	120. USUAL OCCUPATIO	ON 12b	126 KIND OF BUSINESS OR		
0	4	hearon	Who is the such facility		sing Home	SEAMSTR	1 1 1 1	ANUFA	ACTUR	RING
-	USUA 13a, S	AL RESIDENCE (IF NURSING HOME OF		DENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STRFET ADDRESS				
5	_			ITHERSBURG	YES NO	-10001 DEL	LCASTLE	ROAD		
14. F		THER'S NAME FIRST	MIDDLE LAST 15. MOTHER'S MAID							
1		UNKNOWN)	NAI		(UNKNOWN)			LAMP		
	(Y		RMED FORCES? 166 SO	CIAL SECURITY NO.	17. INFORMANT	1205 BAHAM	A BEND.			
		NO		9-12-320	MURRAY PRICE	COCONUT C	REEK. FL	ORIDA		-
	81	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far	(a), (b), and (c))	ENDUS BOWE	7		BETWEEN OF	NSET AND D	EATH
			TE CAUSE (a)	MESEN	PERIC THEO	M. 20515	1			
	-01	20/0	DUE TO, OR AS A C	CONSEQUENCE OF			F 55			
Н		Canditions, if ony, which gave rise to immediate	(b)	MAILEI	OSCLEROSK	> .				
		cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF								
Н		PART 2 OTHER SIGNIFICANT	(c)	ITING TO DEATH BUT	NOT PELATED TO THE TERM	IN AL DISEASE OF COND	UTION GIVEN IN	DADT 1/e)		
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  DIRECTES MELLITUS CHENNE DISEASE FOR THE HIP								
	ATE	190 DATE OF OPERATION		OR WHICH OPERATION		200 AUTOPSY? 206. IF YES, WERE FINDINGS USED				
2	CERTIFICATION		The Later			YES NO YES YES NO				15
1	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR	PART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DE	AID	19						
6	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N CO	UNTY	STAT	TE
	<	AT WORK NOT WHILE AT WORK			CONTRACTOR					
		220.1 certify that (1) (this hosp	6	230 - 23	AUGUST, 19 70				nat (I) (we	
		sow the deceased alive on above, (1) (we) (did) (did no	view the bady after de	eath.	d that in (my) (aur) apinion o	death occurred on the da				ed
16		22b. SIGNATURE	64 12	, ,	DEGREE ATTENDING	MEDICAL STAF		2c. DATE S	IGNED	
		22d. PHYSICIAN'S NAME (TYPE O	L. Andle	Channi	PHYSICIAN 2	MEDICAL STAF	AN D U	2776	2019	79
	Ė!	220. PHISICIAN STNAME (TYPE C	1/		THE ADDRESS 77	33 ALASKA	ALENDE	E 11.	w	
-	22- 0	BURIAL, CREMATION, REMOVAL	KRICHM 123b. DATE		EMETERY OR CREMATORY	23d LOCATION	Dic, c	200	12.	
	239. D	BURIAL	9/24/1979		EBANON CEMETER	CITY OF TOWAL	PR. GEC	RGES	MO .	E
		FUDONALESTM. STEIN HEBREW MEMORIAL FUNERAL HOME 250 DEFRED BY RECLEMBER 256 REGISTRANS SIGNALLY								
		232 CARROLL ST	REET. N.W.	WASHINGTON	- MT HOME	2 0 1010		100.00		1
									400	



TO HOSPITAL

2333 CLAD 

6	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2	3 0	5 2
		CEASED NAME FIRST OSEY	1	WTHONY	0	C C	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	3. SEX	Mr.	WHITE		OCT	15,1909 YEAR	AGE (IN YEARS LAST BE		MONTHS DAYS	IF UNDER 24 HRS
of once		ENNSYLVANTA	U.S.A.		MARRIED XX NEVER MARRIED WIDOWED DIVORCED		MONTGOMERY			MD
	SII	VER SPRING	HOL!	Y CROSS HO	OSPITA	ROTHER INSTITUTION	17. USUAL OCCUPATION OF WORK FOR MOST EXEC . SECRE	OF WORKING LI		OF BUSINESS OF
9 3 S	13a S		OR OTHER INSTITUTION JINTY GOMERY	130 CITY OR TOWN	4	134 INSIDE CITY LIMITS? YES X NO			URG DRI	VE
SC/SC/	14 FA	THER'S NAME FIRST JOHN	MIDDLE	PRICE		IS MOTHER'S MAIDEN NAME FIRST GERTRUDE	WIDDLE		DÛ	FFY
e medicol		VAS DECEASED EVER IN U.S. A LES, NO OR UNKNOWN]	RMED FORCES? VE WAR OR DATES]	204-12-24		JOSEPH A. PRI	ICE, JR. S			SON
event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA			RDIA	c Cerrent			BETWEEN	MATE INTERVAL ONSET AND DEATH
froumotic		Conditions, if ony, which gove rise to immediate							15	MIN.
or other t		cause (a), stating the underlying cause last	(c)_	RAS ACONSEQUE	al	Hyperten	cin		15	9RS
injury,	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								
ows only in	CERTIFICATION	1% DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTI	ES, WERE FINDIF IFYING CAUSES 'ES	
kem 18 sh	-	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMINE	CAIN	DFINJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	PART 1 OR PART 2)		
rked or I	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	21f LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
21 is mo		220.1 certify that (I) (this has saw the deceased alive a above ((I) (we) (did)) did it	9/4/	1) 9 19 /	/. UL	d that in (my) aur) opinion o	, to	date and ha	, 19, our and from the	that (1) we) los causes stated
I. If Hem		22h. SIGNATURE	e 77	Her.		DEGREE ATTENDING PHYSICIAN D	MEDICAL STA		22c DAIE	SIGNED /
MATA /		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	nen no	7)	220 ADDRESS	>	145	Then I	Bn. 4

DHMH-16 20M (VRA 15, 4) 7/78

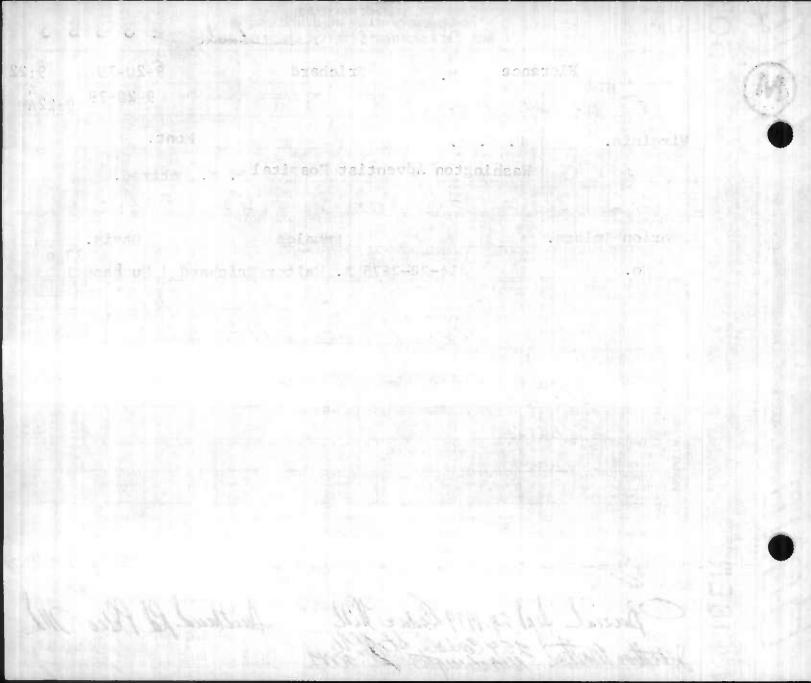
23a BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY ST. ROSE CEMETERY

CARBONDALE LACKAWANNA PA".

BURTAL 9/8/79 ST. ROSE (
PA FUNERAL DIRECTOR FRANCIS J. COLLINSONESS
NAME
500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

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12	1	-	FSF

injury, ar other troumotic event, the medical exa please remove corbonpopers. Pages 1

should be detached for use as the burial-transit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony

TO FUNERAL DIRECTOR. After this certificate has been

#### STATE OF MARYLAND DEPARTMENT OF MEALTH AND MENTAL HYCHAIR "

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	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND M		IENE 7	9 REG. NO	2	3	0	5	4
		CEASED NAME FOR PRINT)		L	PR	OPEK	,	2ª DATE O	F DEATH	MONTH 7	OAY	YEAR	26 HOL	IR PM
	3. SE	x female	4 RACE	white	S. DATE C	OAY	YEAR 1929	6 AGE (INY	EARS LAST BIRT	HOAY)	IF UNGE	OAYS	IF UNGER	24 HRS MIN
3	C	RTHPLACE (STATE OR FOREK OUNVIrginia	US		WIDOWE		ORCED [		TGOME	-		ATH		MD.
0		BETHESDA	(IF NOT IN SUC	HOSPITAL, NURSING HFACILITY, GIVE STREET A IRBAN HOSF	ODRESS)	R OTHER INSTI	NOITUT	(TYPE OF WOR	occupation most of retar	F WORKING L	LIFE) IND	KIND OF DUSTRY 1611		
Š	13a S	Maryland 1	HOME OR OTHER INSTITUTION, COUNTY Montgomery	GIVE RESIDENCE BEFORE 136. CITY OR TOWN ROCKVIL	4	Lab	NO []		ADDRESS Balt	imor	e Ro	ad		
5/	14. FA	ATHER'S NAME FIRST Raymond	WIDDLE	Donal	dson		MAIDEN NAM RST BANOT	W.E	MIDOLE		F	rit		
,		WAS DECEASED EVER IN	U.S. ARMED FORCES? YES, GIVE WAR OR OATES)	166 SOCIAL SECUR	ON YTIS	17 INFORMAN	T		ADDRE	SS				
	r	10		228 30	2690	Richa	rd Pro	per s	ame a	s 13		APPROXIA BETWEEN O		
	2	underlying couse	iote the lost	WITH UNRES	PON	L NE SIVENE	55 8	A-BRI	ein li	- ST W	2	1.	3 H	sur
	NO NO	PART 2 OTHER SIGNIFICATION	ENSION,	CONTRO	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEAS	E OR CON					
2	CERTIFICATION	190 DATE OF OPERATION	N 195 CONDI	TION FOR WHICH C	OPERATIO	N WAS PERFOR	MED	YES [	OPSŸ?	IN CERT	IFYING C	E FINDIN CAUSES (	GS USEI OF DEAT	TH?
7		21g ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJ	URY OCCURR	ED (ENTERN)	ATURE OF INJUR	Y IN ITEM 18.	PART 1 OR	PART 2)		
	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION	_		CITY OR TOW	/N	cou	INTY	\$1	TATE
		22e.1 certify that (1) (the sow the deceased obove, (1) (web (did)	0//2/-	7919	197	d that in (my) (	, 19	, to	ed on the do	and ho	, 19 ur ond fi		hot (I) (	,
		226 SIGNATURE	affaci	well	N		TENDING HYSICIAN	MEDICAL DIRECTOR	STAP		22	DATE S	IGNED	79
1-		Francis NAME	as Do	2.001	MO	22e ADDRESS	tu Ri	06	RAC	KUI	M	. 1	10	

TO HOSPITAL

DHMH-16 20M (VRA 15, 4) 7/7B

230. JURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE

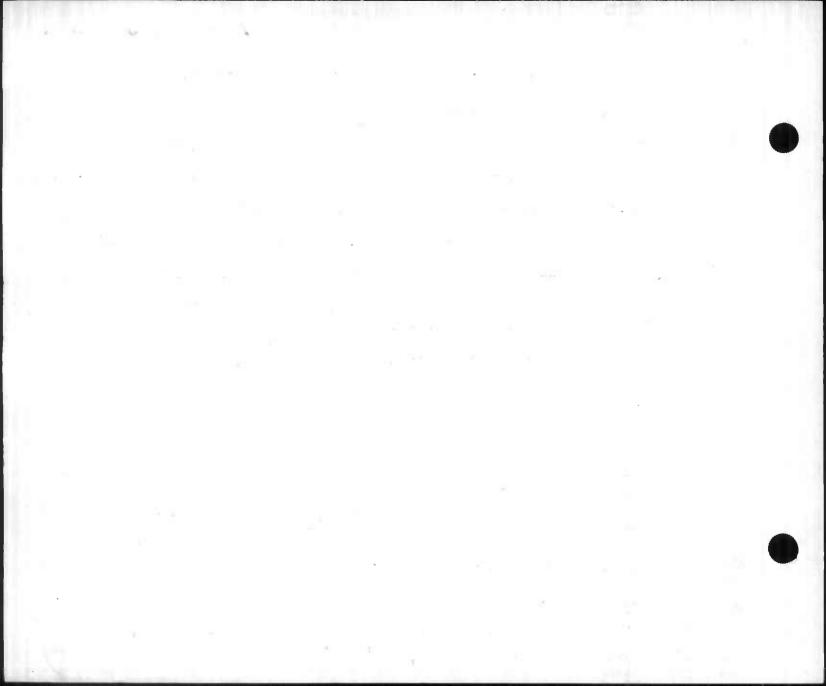
9/17/79

23c NAME OF CEMETERY OR CREMATORY Parklawn Memorial 23d. LOCATION CITY OR TOWN

24 FUNERAL DIRECTOR YSON 1331 Rockville Wheeler Funeral Home, Inc. Pike Rockville, Maryland rial Park Rockville, Maryland

1250 DATE REC'D. BY REGISTER 1250. REGISTRATES SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

with the State Dept. of Health and Mental Hygierie prior to warre. 2 FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

9 2 3 0 5 5

REGISTRAR			CERTII	ICATE OF DEATH	*	REG. I	NO.			100
1. DECEASED NAME FIRST	/	AIDDLE		LAST	20 D	ATE OF DEATH	MONTH	DAY YEAR	2b HOU	R
Fran	nkie	P.	Pu.	lliam	Se	ptembe	r 1	7. 197	94:1	5P -M
3. SEX Female	Cauca:	sian	5 DATE (	20 191	6 AG	64		MONTHS DAYS		24 HRS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOW	ED NEVER MARRIED		TIMORE CITY	OR COUNT			MD.
10 CITY OR TOWN OF DEATH  Rockville	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A Stanley	ADDRESS)	or other institution	12a U (TYPE C	SUAL OCCUPA DE WORK FOR MOST 1 es -c1	TION of working	126 KIND INDUSTRY	of BUSINE	
USUAL RESIDENCE (IF NURSING HON 130. STATE 13b. CO			ADMISSION)	13d INSIDECITY LIMIT	S?   13e. S1	REET ADDRESS	;		ocky	
Edward	MIDDLE A.	Brooks	5	Alma	NAME	MIDDLE		Whee	ler	
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	. ARMED FORCES? , GIVE WAR OR DATES)	719-10		Thomas C.	. Pul		1927 Rock	Stanl ville,	ey A	ve.
Conditions, if ony, which gove rise to immediate couse of stating the underlying couse lost PART 2 OTHER SIGNIFICATION TO DATE OF OPERATION TO DESCRIPTION T	DUE TO, OI		NCE OF  DEATH BUT  OPERATIO	NOT RELATED TO THE TO	20a	ISEASE OR COL	20b. IF Y	IVEN IN PART I	INGS USEE	TH?
TO R CONTRIBUTING CAUSE OF CONTRIBUTING ACCOUNTS BUTTING CAUSE OF CONTRIBUTING ACCOUNTS TO CONTRIBUTING AT WORK AT WORK AT WORK AT WORK	FDEATH HOUR A (NER) P 21e. PLACE	m. month da m.	YEAR	21r. HOW INJURY OC 21f. LOCATION STREET			URY IN ITEM 18			ATE
22a I certify that (I) (this his sow the deceased alive obove, (I) (we) (did) (did) (22b. SIGNAT ITE:  22d. PHYSICIAN'S NAME (TY  Eugene Lib	e on Slow d not) view the body (PE OR PRINT)	() 197		22e ADDRESS	NG MED AN DIRE	OICAL ST. CTOR PHYS	AFF ICIAN 🗌		that the (vectors state) (vect	
230. BURIAL, CREMATION, REMOVE Burial		70		EMETERY OR CREMATO	ORY 23d.	LOCATION CITY OR TOWN		COUNTY	rylar	-
24 FUNERAL DIRECTOR	phrey E	557 Wis ethesda	cons	in Ave. 25a.				STRAP'S SIG		7

DHMH - 16 50M 1/76 (VR A 15 (4) )

Transie Pullica | September 17, 1979 Feb. number Chucastan i Margitt ut and remaind the ocavilly 1927 Station Ave. Salon-clark Drugifical Hockwilled Controller a 1127 Stanley Ave. Md. Light A. Brad. Land Committee Ave. Last a tenancia and made to the A.E. A.E. A.E. and a second bankal silverson - .... cunling the silverson Authorite .. Edited .. Letter .. St. 21-11-1

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death. Page 4

attending physician and campletely filled in by the funeral di ove carbonpapers. Pages 1 and 2 should be filed within 72 ho

injury, ar ather traumatic event, the medical

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked ar Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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DC	014.2	175		-	

- STATE REGISTRAR		DEFARIN		ICATE OF DEATH	REG. NO	2 3 U	3 0
T. DECEASED NAME FIRST (TYPE OR PRINT) Titus		WIDDLE	Rap	p	Sept.1		12:15
3. SEX Male	4 RACE	hite	5 DATE O		6. AGE (IN YEARS LAST BIRTH		1 YEAR IF UNDER 24 HRS DAYS HOURS MIN
70. BIRTHPLACE   STATE OR FOREIGN COUNTRY) Germany	US		WIDOWE		9. BALTIMORE CITY O Montgo		MD.
Wheaton	Rando.	lph Hill	ADDRESS)		The USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Baker	WORKING LIFE) INDU	SIND OF BUSINESS OR JSTRY etired
		136. CITY OR TOWN	N	13d INSIDE CITY LIMITS? YES NO [	136 STREET ADDRESS	ylor Cou	ırt
Johann	MIDDLE	Rapp		15 MOTHER'S MAIDEN NA FIRST Susanne	WIDDLE	Goe	t Z
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 488 07		A Paul Rap	ADDRE p(Son)Same		ve
Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last	DUE TO, O		NCE OF ENCE OF	BOTH LE	RIAL OCCL		3 MONTHS
PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF	19b COND	NANITO	OPERATIO	NOT RELATED TO THE TERM IN WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
OR CONTINED IN CAUSE OF THE REPORT OF THE RE	21e PLACE (AT HOME, ST	M.  OF INJURY REET, FACTORY, OFFICE, F.	19 ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N COUN	STATE tho (Th (we) lost
sow the accessed olivobove, (1 (Ne) (did) (did) (did) 22b. SIGNATURE		01.1		DEGREE	death occurred on the do	22c.	
22d. PHYSICIAN'S NAME (TYPE MALT IN)	. SHY	Dec	LAUE OF G	22e ADDRESS 37	NSINGTON	tour A	UE -0795

DHMH - 16 50M 1/76

TO HOSPITAL OR ATTENDING PHYSICIAN: The

retained by the haspital

24 FUNERAL DIRECTOR (VR A 15 (4))

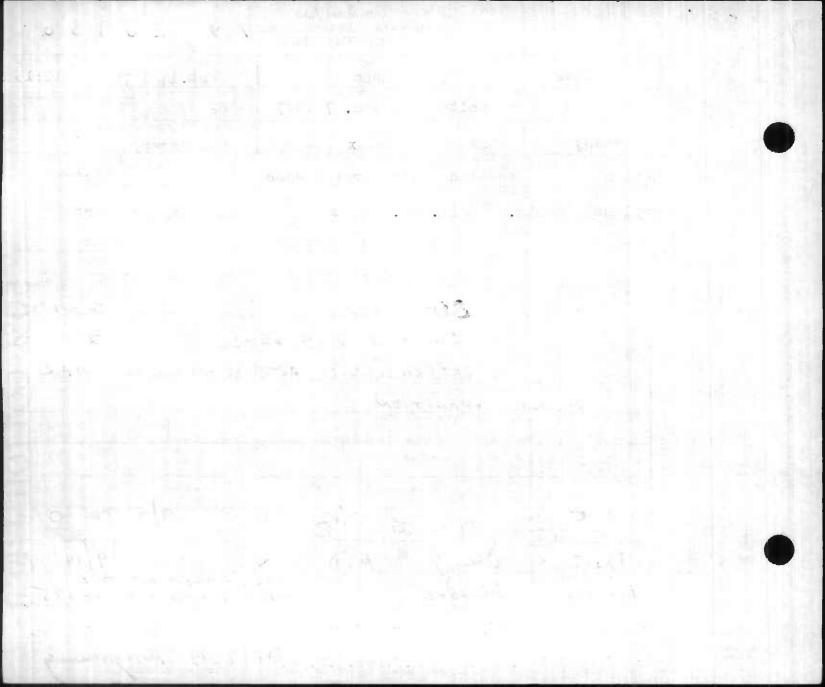
Cremation 9/14/79

Fort Lincoln Crematory Brentwood PG

250. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

Hines/Rinaldi F.H. 11800 N.H.Ave.S.S.Md. SEP1 7 1979

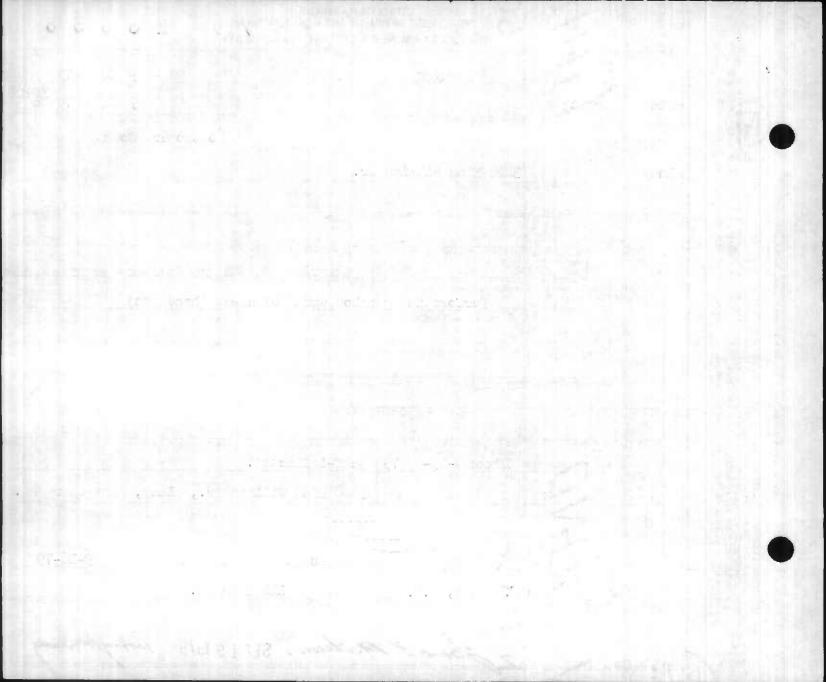


STATE OF MARYLAND

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	1-	FOR STATE			DEPART	MENT OF H	HEALTH A	ND MENT	AL HYGIE	NE 9	2	3	0	5	8
3.00		REGISTRAR		M		EXAMIN	ER'S CER	RTIFICAT	TE OF DE	ATH	REG. NO	).	1.40		- T
		CEASED NAME	FIRST		MIDDLE		LAST			2a. DATE OF	KNOWN (3	MONTH	DAY	YEAR	26. HOUR
HWWXE		CATAIN	CHARL	ES	PATRI	CK	RA	LEY		DEATH	MATED	9	15	19 79	M
HOROGE	1. SE	X 4	RACE	5 DATE OF BIRT		6 AGE (IN YEA	RS IF UNDER	R 1 YR. IF U	INDER 24 HR	S. 2t DATE	LOPP	MONTH	DAY	YEAR	10:28
	ma	le	white	July				DAYS HOL	URS MIN	PRONOU DE AL		9	15	19 79	a.~
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TERRE .	25	Maryla	nd	US	7.		WIDOWED		IVORCED [	Mon	tgomer:	y Co	unty	r	AAD
2203	10 C	ITY OR TOWN C	FDEATH	11. NAME OF H	OSPITAL, NU	rsing home	, OR OTHER I	INSTITUTION	√ 12a U		PATION (TYPE				JSINESS
AY THE PAGE	0 03	ney		3808	King V	TREE ADDRESS)	Dr.		FC					cho	
DELA 3 TO 3 TO 8 BE I	⊌SU	AL RESIDENCE (	F IN NURSING HOME O	R OTHER INSTITUTION	, GIVE RESIDENCE	BEFORE ADMISSIO	ON)			Stud				CHOC	71
ANY DEL/ ANY DEL/ AND 3 TO RETAIN P HOULD BE RECORDS,	7 4 1	STATE	13b. COUN			ORTOWN		. INSIDE CITY LIV		TREET ADDR				D	
3. IF 3. IF ALRIA	14. F	ryland	Mont	gomery	Oln	еу		MOTHER'S	MAIDEN NA/	ME	ing Wi				ze,
PE, MD DEATH SES 1, M PM AND 2	0	Charle	S	R.		Rale		Jea		- 7	AIDDLE	SY		LAST	ntes
MORE, TER DE PAGE FORM SS 1 AN	160		EVER IN U.S. ARA		16b. SO	CIAL SECURITY	4	INFORMAN			ADDRESS			eroi	ites
FTE POP	11	YES, NO, OR UNKNOV	(	one		none	C	harlo	a D	Dolo:	. £L		1		12
BALTIMORE, MD. 21201 URS AFTER DEATH. IF AN: S. GIVE PAGES 1, 2, AND WITH FORM PM 3, RET. PAGES 1 AND 2 SHOUL DIVISION OE VITAL RECC	1		DEATH (Enter an		Par 4 - 1 - 1 - 1 - 1		10.	nar re	S R.	катеу	-fath	ler-	A	PPROXIMATI	E INTERVAL
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EST FIN FIN FIN FIN FIN FIN FIN FIN FIN FIN		Condition	s, if any, which	DOE TO,	OR AS A COI	NOE QUENCE C	<i>J</i> r								
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	7	PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEA	ATH BUT NOT RELA	ATED TO THE TERM	INAL OISEASE DR	CONDITION GIVE	EN IN PART 1 (a).						
L RECORD VULD BE EX "PENDING "FE MEDIC SED AS A HEALTH A CREMATIC	CERTIFICATION	19g DATE OF	2050 471041	1100 0001	ID IT IOL I FOR	WHICH OPER	47101111111	2525021150					100	AUTOPSY'	
TALRE THOULD RD "PEI CHIEF / USED OF HE/ AL CRE	1 3	196 DATE OF	PERATION	196 CON	IDITION FOR	WHICH OPEK	ATION WAS	PERFORMED	) (						
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OFV THE WORLD B	2 8	UNDERLYING	and.	HOUR A	A.M. MONTH					ER NATURE OF IN	IJURY IN ITEM 18 F	ART I OR P	ART 2)		
DA TIFIC	2 2	CONTRIBUTIN	G CAUSE OF		xx. 9-1		Self	-infl	icted.						
DIVIS  HIS CER WRITING ARDED GE 3 S GE 3 S TE DEP	MEDICAL	21d. INJURY O		STREET, I	FACTORY, FARM, E	(AT HOME,				CITY OR TO	, Olne	C	OUNTY,		STATE
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in signed by the attending physician and completely filled in by the funeral director, page 3. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours after death

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IMPORTANT: If Nem 21 is

al Hygiene prior to burial, cremation, or removal

STATE OF MARYLAND

1	FOR STATE REGISTRAR			OF HEALTH A	ND MENTAL HYG		2 . NO.	30	5 9
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	SUAL RESIDENCE (IF NURS 0. STATE Md.	ing home of other institution 13b COUNTY  Montgomery	13c. CITY OR TOWN  Gaithersbu	13d INS		13e. STREET ADDRE		e.	
14	FATHER'S NAME JAME	S Richard			HER'S MAIDEN NAM	MIDO	DDRESS	mos	Sburg
16	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR GATES)	166. SOCIAL SECURITY	NO. 17. INFO	berry	nede	eal h	Reca	rdo
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TO FUNERAL DIRECTOR should be detached for with the State Dept. of TO HOSPITAL

ATTENDING PHYSICIAN, The Io

DHMH - 16 25M (VR A 15 (4) ) 9/74 230. BURIAL, CREMATION, REMOVAL Burial

MANUAL S JAME (TYPE OF PRINT)

Cartner-Sandisen F. H.

23b. DATE Oct. 1,179 23c NAME OF CEMETERY OR CREMATORY
Monocacy Cemetery

316 E. Diamond Ave.

Gaithersburg, Md.

22e. ADDRESS

Ave Gaither Sur Beallsville,

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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FOR STATE REGISTRAR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL **CERTIFICATE OF DEATH** 

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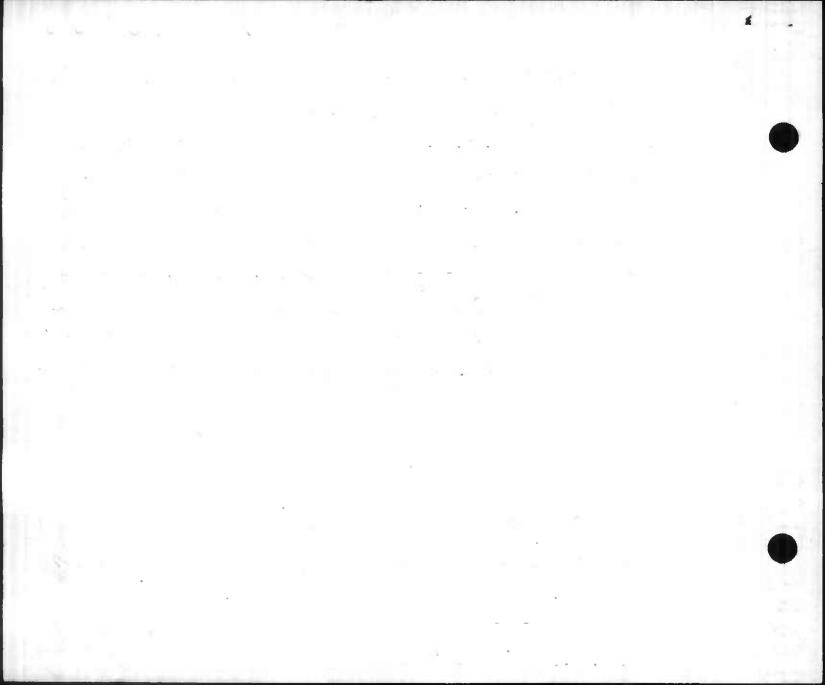
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9-19-79 Buria1 24 FUNERAL DIRECTOR 74 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P. A., Bethesda, Maryland

Holy Cross Cemetery Daly City, California
REY FUNERAL

250. DAT STECKS. BY REGISTRARY 250. REGISTRARY SIGN SUPERATE.

DHMH-16 20M (VRA 15, 4) 7/78



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page # may retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct. Should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (b)    PART 2. OTHER	١		couse (o), stoting the	DUE TO, C	R AS A CONSEQUE	NCGOF	1 La trans	+ Parliwi	1		Z	mu.	
19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20b. AUTOPSY?   20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO   YES	ı					11	almy 1/ con	V Cal Cal Pi					_
OR CONTRIBUTING CAUSE OF DEATH		NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>C</u>	Wal	C /	1	AINAL DISEASE OR CC	NOITION	GIVEN IN PAR	(1 1(0		
OR CONTRIBUTING CAUSE OF DEATH	1	CAT	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?					
OR CONTRIBUTING CAUSE OF DEATH	J	TIF						YES NO					
P.M.   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)   21l. LOCATION   STREET   CITY OR TOWN   COUNTY   STATE	٦	CER				V YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM	18, PART I OR PAR	121		
220. I certify that (I) (this local and ottended the defeased from sow the deceased alive on above, (I) (the lost sow the deceased alive on above, (I) (the lost sow),	ı	CAL		AIR									
220. I certify that (I) (this local and ottended the defeased from sow the deceased alive on above, (I) (the lost sow the deceased alive on above, (I) (the lost sow),	ı	EDIC		21e. PLACE	OF INJURY	ARM ETC.)	211 LOCATION	CITY OR	OWN	COUNTY		STATE	
sow the deceased all obove, (I) (Not) (id) (id) with body offer death.    226. SIGNATURE   DEGREE   ATTENDING   MEDICAL   STAFF   PHYSICIAN   DIRECTOR   PHYSICIAN   DIRECTOR   PHYSICIAN   PHYSICIAN	ı	M	WHILE NOT WHILE AT WORK	(AI HOME, SI	REET, PACTORY, OFFICE, P.	ARM, ETC.)			0	1			
Obove, (I) (No.) (did) (did to the lew the body ofter debth.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DURECTOR PHYSICIAN DURE			22a.1 certify that (1) (this had	ottended t	he de eased from	1	967 19 7	, to	Jen	. 19 7	9.1	that (I) (Ne) la	st
22d. PHYSICIAN ME (TYPE OR PRINT)  22d. PHYSICIAN ME (TYPE OR PRINT)  23e. BURIAL, CREMATION, REMOVAL 23b. DATE  23f. NAME OF CEMETERY OR CREMATORY 23d. COUNTY STATE  Burial 9-7-79  Rock Creek Cemetery Washington DC  24 FUNERAL DIRECTOR PHYSICIAN DIRECTOR PHYS			saw the deceased alive of	a sew the hads		7,0	nd that in (my) (out) apinian	death accurred on the	date and	haur and from	the o	causes stated	
226. PHYSICAL ME (TYPE OR PRINT)  226. ADDRESS  236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE BURIAL 9-7-79 Rock Creek Cemetery Washington DC 23d. Funeral Director December 12d. Pumphrey, In 1970 ATE REC'D. BY REGISTRAN 23b. REGISTRAN 25b. REGISTRAN	1			- wille odd	10					22c. D	ATE	SIGNED	
226. PHYSICAL ME (TYPE OR PRINT)  226. ADDRESS  236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE BURIAL 9-7-79 Rock Creek Cemetery Washington DC 23d. Funeral Director December 12d. Pumphrey, In 1970 ATE REC'D. BY REGISTRAN 23b. REGISTRAN 25b. REGISTRAN	1		10	m h	1ablu		ATTENDING PHYSICIAN	MEDICAL S'	SICIAN	9	1/3	3/79	
230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CUTY STATE  Burial 9-7-79 Rock Creek Cemetery Washington DC  24 FUNERAL DIRECTOR Pumphrey, In The County State Record Research Record R			22d. PHYSIC AND ME (TYPE C	OR PRINT)							1		
Burial 9-7-79 Rock Creek Cemetery Washington DC  74 FUNERAL DIRECTOR Washington DC  Washington DC  14 FUNERAL DIRECTOR Pumphrey, In Strain County State  Washington DC  15 Date Rec'd, By Registran's Signature			TRA	N.	1UBC11	V	8830		NS	7-5	5	ND	
Burial 9-7-79 Rock Creek Cemetery Washington DC		23a. B	SURIAL, CREMATION, REMOVAL	236. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE	
Warner E. Pumphrey, Inches 10 10 10 10 10 10 10 10 10 10 10 10 10			Burial	9-7-7	9 Roc	ck C	reek Cemete	ry Washir	gtor	DC.	-		
The state of the s		24 FL	armer E. Pum	phrev.	Incol	16 T	/ ISE DA	TE REC'D, BY REGISTR.	AR-256. RE	SISTRAR'S SIG	NATI	URE	
				SS	1 1 201	16	Wesen S.	P 1 0 1979	fu	Frey //C	Ch	rody	

DHMH - 16 50M 7/77 (VR A 15 (4))

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requires that the death certificate be

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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4	Poge
	deoth.
	offer
2120	hours
9	4
ARYLAND 21201	within 24 hours ofter death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the medical examiner must be pairlied at ance FOR

- STATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this centificate ha

DHWH-19 20W 1/29

TO FUNERAL

TO FUNERAL

With the Store

IMPORTANT:

10		REGISTRAR		CERTIFI	TEATE OF BEATH	REG. NO.				
		CEASED NAME FIRST	MIDDLE	I.	AST	20. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR			
	(1176	JAMES	WILSO	N RIC	E	SEPT	. 13, 1979 2:40p M			
	3 SEX	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHO				
		MALE	WHITE	MAY	7, 1894 YEAR	85	YRS. DAYS HOURS MIN			
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH			
4		NEBRASKA	U.S.A.	WIDOWE	D DIVORCED	MONTOOMERY	MD			
0	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPATION				
1		OLNEY	MONTGOMERY GI	ENERAL HO	SPITAL	ARMY OFFICE				
1	13a S	AL RESIDENCE (IF NURSING HOME O STATE 13b COU		CE BEFORE AOMISSION)	113d INSIDE CITY LIMITS?	13e. STREET ADDRESS	-10150 005UF			
7		THER'S NAME	GOMERY   SILV	EK SPKING			EAGLES DRIVE			
7	). FA	FIRST	MIDDLE RIC	AST	15. MOTHER'S MAIDEN NA FIRST  MARY	E. MIDDLE	WILSON			
7.6	160 V	JAMES VAS DECEASED EVER IN U.S. AI		AL SECURITY NO.	17 INFORMANT WIT					
		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	26-3103	ANN P. RICE		ILVER SPRING, MD.			
-		18 CAUSE OF DEATH (Enter o					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		DADT I DE ATH WAR C'ALICI	ED BY	- 0	welve Pu	lmeren	BETWEEN ONSET AND DEATH			
		11 2 G IMMEDIA	TE CAUSE (0) Siver							
		162	DUE TO, OR AS A CON	NSEQUENCE OF	diserse "	resperation	y Jacques gens			
		Conditions, if any, which gave rise to immediate	(b)		2		-0			
		couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF Gran Offigere Cardensia Zypais								
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IC TO DEATH BUT	NOT BELATED TO THE TERM	ANAL DISEASE OF COMPA	TION ON STATE OF THE PARTY.			
	NO	AHD	E isles	rellent	NOT RELATED TO THE TERM	T Conges				
	ATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED				
2	ERTIFIC					YES NO YES NO NO				
	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	N ITEM 18, PART I OR PART 2)			
9	AL	OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR						
	EDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION					
	W	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE			
		220.1 certify that (I) (thus hosp	rtal) attended the deceased	from72	Casy 19 77	2_, to /3 \$	19 79, that (1) (we) lost			
		saw the deceased alive or	13 Sample of the local value of the death	19 79 , or	nd than in (my) (our) opinion	death occurred on the date	and hour and from the couses stated			
		22b. SIGNATURE	an view the body after death		DEGREE		22c. DATE SIGNED			
		Gustao	e S Dela	corf, 12	ATTENDING PHYSICIAN	MEDICAL STAFF	13 Sep 79			
1		22d. PHYSICIAN'S NAME (TYPE C		/	22e. ADDRESS A e / S					
		GUSTAV	0 S. Be.	/AVA/	51/	ver sprin	9; Md 20906			
	23a. B	URIAL, CREMATION, REMOVAL BURIAL	236. DATE 9/17/79		EMETERY OR CREMATORY TON NATIONAL	23d. LOCATION ARLINGTO	N COUNTY UTRGTNIA			
				1,000			0 1 0			
	24 FL	INERAL DIRECTOR FRANCI	S J. COLLINS	RESS NO NO OO		E REC'D. BY REGISTRAR 24	REGIOURAPS COLLABORY			
	50	O UNIV. BLVD., W.	, SILVER SPRII	VG, MU. 20	DEP INF	17 1010				

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ATRITICAN VERVILA EN ATTIL NATURILEA UT\TI\O 16ITHE 2VIII - 271 ANT 1000: VI, OVISTE BRUITS, U, OVIS VIII AVE TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

injury, or other troumotic event, the medical

IMPORTANT. If them 21 is morked or them 18 shows any

4	FOR - STATE REGIS
	REGIS

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

9	2	3	3	6
	REG. NO.			. **

ı		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
I		CEASED NAME FIRST OR PRINT)	M	AIDDLE	l	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		CHARLES		М.		ENTHAL	Sept.	1, 1979 73 AM
I	3 SEX		RACE		5. DATE C		6 AGE (WYEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
		MALE	WHIT		SEP	T. 12, 1889	89 YR	
		RTHPLACE (STATE OR FOREIGN )		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
		SHINGTON, D.C.	u.s.		WIDOWE		MONTGOMERY	MD.
	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH	HEACILITY, GIVE STREET A	DDRESS)_	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  MERCHANT	PAWN BROKER
1		LVER SPRING				D, APT. 709	MERCHANI	PAWN BROKER
	130 S	RESIDENCE (IF NURSING HOME OR OF COUNTY)  RYLAND MONTG	Y	GIVE RESIDENCE BEFORE 1130 CITY OR TOWN SILVER	V			LE ROAD, APT. 709
J	14 FA	THER'S NAME FIRST M	IODLE	LAST		IS MOTHER'S MAIDEN NA	ME	LAST
	SC	LOMON		ROSENTHA	4L	(UNKNOWN)		BILLMAN
I		/AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE		166 SOCIAL SECUR		17 INFORMANT	ADDRESS	
1	NO	)		578-20-72	226A	MRS. ELAINE	MORROW, same as	
I		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per	line for to , tb , one	dic	1.0/	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I		IMMEDIATE		(Cule)	nejo	cardial Infant	ling	approx. 10 min
I		410-	DUE TO, OR	AS A CONSEQUE	NCEOF	D. 1	1.	
١		Conditions, if any, which	(b)	lason	an	y heart	chalase	over 10 yrs
ı		couse (a), stating the underlying couse last.	DUE TO, OR	AS A CONSEQUE	NCE OF	)		
			(c)					
ı	z	PART 2 OTHER SIGNIFICANT CO	onditions <u>co</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
1	ATIC	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
	CERTIFICATION		32672				YES NO NO IN CE	RTIFYING CAUSES OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	1B, PART 1 OR PART 2)
	MEDICAL	(IE EITHER, NOTIEY MEDICAL EXAMINER)	P.A		19	I I I I I I I I I I I I I I I I I I I		
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PŁACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.}	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK			(00	177	1.47	79
1		22a. I certify that (I) (this hespital saw the deceased alive an _	attended the	deceased from	79		death accurred on the date and	hour and from the causes stated
1		above, (I) (we) (did) (did et	view the body	ofter death.	,	DEGREE	acom accorred on the date and	22c. DATE SIGNED
1		Jan Bronatore			1 -	ATTENDING	MEDICAL STAFF	9-7-79
4		22d. PHYSICIAN'S NAME LYPE OF	Climar	N,	my	PHYSICIAN L	DIRECTOR PHYSICIAN	
1		Lavic H	6	an. In	0	8750 M	a - a - 80	2
+	73n B	URIAL, CREMATION, REMOVAL	1236 DATE	- 11 ) - 11	AME OF C	EMETERY OR CREMATORY	() 23d LOCATION	my spring, ma
	(S	BURIAL	9/9/19				CITY OR TOWN	CHURCH VIRGINIA

24 FUNE DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME DATE P 1 16 1979 50 REGISTALISM

232 CARROLL STREET, N.W. WASHINGTON, D.

DHMH - 16 60M 1/75 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw retained by the hospital or attending physician

O II O L. Ville District of the Control er i se en l'italia de l'est de l'estre estre l'estre l'estre estre l'estre estre l'estre estre l'estre estre SEPT MES TOTAL

	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	
TO HOSPITAL OR AT	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death contribute the executed within 24 hours after death. Pages 4 may be retained by the hospital or attending physician.	(A
TO FUNERAL DIRECT should be detached for with the State Dept.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely tilled in by the futural destributions should be detached for use as the buriol-transit permit. Then please remove cortempaget. Pages 1 and 2 should be sted within 72 hours after describe with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or immoval.	
IMPORTANT: If Item	IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical ordinary into ordinary	
1	999	

BP. DHMH - 16 50M 1/76 (VR A 15 (4) )

CERTIFICATE OF DEATH	REG	NO.				
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	9	2	3	0	6	

1	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	200	9 4
	1. DECEASED NAME FIRST	WIDDLE	į.	AST		ONTH DAY YEAR	2b. HOUR
ı	Arnold	J.	Ross		September 2	8 1979	6:]4pm
3	3. SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHD		IF UNDER 24 HRS
ı	Male	Caucasian	Octo	ber 3 1911	67	MONTHS DAYS	HOURS MIN
7	OBJECT OF STATE OF ST	76 CHIZEN OF WHAT COUN	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR Montgomery	COUNTY OF DEATH	MD.
1	Bethesda	11. NAME OF HOSPITAL, NU (# NOT IN SUCH FACILITY, GIVE National Naval	URSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Retired	ORKING LIFE) INDUSTRY	OF BUSINESS OR
	Virginia Fa	NE OR OTHER INSTITUTION, GIVE RESIDENCE DUNTY 13c. CITY OR AITTAX Springs	TOWN	13d Inside City Limits? Yes \( \text{NO } \text{X}	13e STREET ADDRESS 6615 Huntsm	an Blvd.	22152
x	M FATHER'S NAME FIRST  William Fram	MIDDLE LAST	Г	IS MOTHER'S MAIDEN NAMERS	ME MIDDLE	Todder	ST
1	160 WAS DECEASED EVER IN U.S.		6 7142	17 INFORMANT	ADDRESS	5	VA
Į,			3870	Regina Ross	6615 Huntsma	n Blvd., Spi	ingfield
		nt conditions <u>contributing</u>	G TO DEATH BUT				· a
	M 190 DATE OF OPERATION		HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	
	THE	TYB. CONDITION FOR W			YES NO	N CERTIFYING CAUSES	NGS USED 5 OF DEATH? NO
- 0	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTHY MEDICAL EXAMI	21b. TIME OF INJURY FDEATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	YES NO	YES 🗌	OF DEATH?
	OR CONTRIBUTING CAUSE OF IFEITHER, NOTIFY MEDICAL EXAMI  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET	YES NO CITY OR TOWN	YES	SOF DEATH?
	OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMI  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  27a   certify that W (this he	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET	YES NO CITY OR TOWN	YES	STATE
	OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMI  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  27a   certify that W (this he	216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	19  FFICE, FARM, ETC.)  rom 05 Sep 19 79 an	211 LOCATION STREET  TEMBER , 19 79  Id that in m/) (aur) apinion of the company	YES NO RED (ENTER NATURE OF INJURY III  CITY OR TOWN  to 28 Septe  deoth occurred an the date	YES	STATE  that A (we) lost couses stated  SIGNED
	OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMI  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220-1 certify that i) (this he saw the deceased alive obove, (1) for a fail i due	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, Of aspital) attended the deceased free on 28 September d not) view the body after death.	19  FFICE, FARM, ETC.)  rom 05 Sep 19 79 an	211 LOCATION STREET  TEMBER , 19 79  Id that in m/) (aur) apinion of the company	YES NO RED (ENTER NATURE OF INJURY III  CITY OR TOWN  to 28 Septe  deoth occurred an the date	YES	STATE  that / (we) lost couses stated
- 0	OR CONTRIBUTING CAUSE OF (IFEITHER, NOTIFY MEDICAL EXAMI  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that I (this he saw the deceased alive above. (I) War Addition  22b. SIGN 11 185	216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, of aspital) attended the deceased fi e an 28 September d not view the body after death.	19  FFICE, FARM, ETC.)  rom 05 Sep 19 79 an	211 LOCATION STREET  TEMBER 19 79 Id that in m/) (aur) apinion of DEGREE  ATTENDING PHYSICIAN [	YES NO NO RED (ENTER NATURE OF INJURY III  CITY OR TOWN  to 28 Septe  deoth occurred an the date  MEDICAL STAFF DIRECTOR PHYSICIA	VES COUNTY  CO	STATE  that / (we) lost couses stated  SIGNED  Sept. 197
	OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMI  21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  22o. I certify that I/ (this he saw the deseased alive obove. (I) I/W I did (did  22b. SIGN 11 PE	216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, of can 28 September d not view the bady after death.  PE OR PRINT)	19  FFICE, FARM, ETC.)  rom 05 Sep 19 79 on	211 LOCATION STREET  211 LOCATION STREET  19 79 Id that in m/ (aur) apinion of the physician physician [27e ADDRESS	YES NO NO RED (ENTER NATURE OF INJURY III  CITY OR TOWN  to 28 Septe  deoth occurred an the date  MEDICAL STAFF DIRECTOR PHYSICIA	VES COUNTY  CO	STATE  that / (we) lost couses stated  SIGNED  Sept. 197

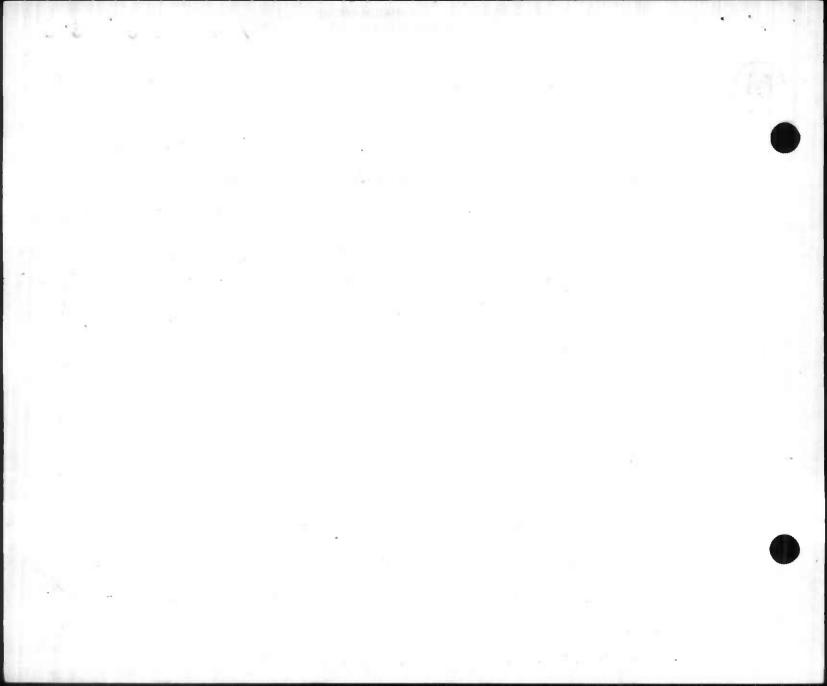
Santier Have "mixent Context : - "tings THE STATE OF THE PARTY OF THE P 28 Poptention 15 Tracted 15 Section 15 2.8 of Cartists

ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death

A TO HOSPITAL

BP\_

REGISTRAR  1. DECEASED NAME FRST MODIE  MATCATE M  SACCO  Sept. 22,1979  3. 40  3. SEX  Female  White  76. BIRTHPLACE (STATE OF FOREIGN COUNTRY)  NEW YORK  USA  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (F NOT IN SUCH FACRITY, GIVE SIERLE ADMINSSION)  Wheaton  Wheaton Nursing Home  USUAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMINSSION)  138. STATE  14. FATHER'S NAME  MONTHS  15. MOTHER'S MAIDEN NAME  FROM  NOTICE  Wheaton  Wheaton Nursing Home  USUAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMINSSION)  138. STATE  14. FATHER'S NAME  MODIE  15. MOTHER'S MAIDEN NAME  FROM  NOTICE  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  16. FYES, GIVE WAR OR DATES)  170. 40. 0693  MATGATE OF DEATH  NOTICE  18. CAUSE OF DEATH (Enter only one couse per line forcing, (b) Addiction  REGISTRA  REG. NO.  10. DATE OF DEATH MONTH DAY YEAR 72. HOUR  REGISTRA  REG. NO.  10. DATE OF DEATH MONTH DAY YEAR 72. HOUR  REGISTRA  REG. NO.  10. DATE OF DEATH MONTH DAY YEAR 72. HOUR  AND HUNGER'S LAST BRITHDAY)  FUNDER'S LAST BRITHDAY)  WHO WERE AND BEATH  NONTH YEAR 72. HOUR  AND LEVER MARRIED  PROVINCE OF DEATH  NONTH DAY  PUNDER'S LAST  NO DATE OF DEATH  NONTH DAY  PUNDER'S LAST  NO DATE OF DEATH MONTH DAY  10. LIVER OF DEATH MONTH DAY  10. LIVER OF DEATH  NONTH DAY  11. LAST  12. LIVER OF DEATH  NONTH DAY  12. LIVER OF DEATH  NONTH DAY  13. LAST  13. STATE  14. FATHER'S NAME  15. MOTHER'S MAIDEN NAME  16. CAUSE OF DEATH I (Enter only one couse per line forcing, (b) Addiction  17. INFORMANT SAME AS DECEASED AND AND AND AND AND AND AND AND AND AN
Sacco   Sept. 22,1979   3:40   3.5EX   Female   White   Feb. 9   1904   75   73   78   WORR I YEAR IF ONDER 24H   FEMALE   FEMA
3. SEX Female White Feb. 1904 75 73 73 YRS.  Whomis Days Hours M Month Death Feb. 9 1904 75 76 8 BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF HOM IS SUCH FACILITY, GIVE STREET ADDRESS) Wheaton Wheaton Nursing Home USUAL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 137 COUNTY 137 CITY OR TOWN 138 COUNTY 139 COUNTY 130 COUNTY 131 CITY OR TOWN 131 CITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS Who I 15109 Biterroot Way  14 FATHER'S NAME FIRST Thomas Middle 15 MOTHER'S MAIDEN NAME FIRST Thomas Middle 16 White 17 NOTE OF MORE 1 BITH DAYS 18 STREET ADDRESS 19 STREET ADDRESS
Female  White  Feb. 9 1904  78. BIRTHPLACE ISTATE OR FOREIGN (No CITIZEN OF WHAT COUNTRY)  NEW YORK  USA  WIDOWED D DNORCED  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Wheaton  Wheaton Nursing Home  USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136 STATE  136 STATE  137 Thomas  Mont.  Rockville  14 FATHER'S NAME FIRST  Thomas  Mont.  Blass  Theresa  UNK  15 MOTHER'S MAIDEN NAME FIRST  MIDDLE  14 FATHER'S NAME FIRST  Thomas  Mont.  Blass  Theresa  UNK  170 40 0693 Margaret Damiano (Daughter)
78. BIRTHPLACE   STATE OR FOREIGN   76. CITIZEN OF WHAT COUNTRY?   MARRIED   NEVER MARRIED
NEW YORK   USA   WIDOWED   DMORCED   MONTH   179. KIND OF BUSINESS   WIDOWED   MONTH   179. KIND OF BUSINESS   180. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   179. KIND OF BUSINESS   179. KIND OF WORKING LEFT   179. KIND OF BUSINESS   179. KIND OF BUSIN
NEW YORK
Wheaton Wheaton Nursing Home Housewife  USUAL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION   13d STATE   13b COUNTY   13d CITY OR TOWN   13d STATE   13b COUNTY   13d CITY OR TOWN   13d STATE   13b COUNTY   13d INSIDE CITY LIMITS?   13d STATE   13b COUNTY   13d INSIDE CITY LIMITS?   13d STATE   13b COUNTY   13d INSIDE CITY LIMITS?   13d STREET ADDRESS   15 MOTHER'S MAIDEN NAME   FIRST   MIDOLE   14 FATHER'S NAME   FIRST   MIDOLE   15 MOTHER'S MAIDEN NAME   FIRST   MIDOLE   14 FATHER'S NAME   FIRST   MIDOLE   14 FATHER'S NAME   FIRST   MIDOLE   15 MOTHER'S MAIDEN NAME   FIRST   MIDOLE   14 FATHER'S NAME   FIRST   MIDOLE   14 FATHER'S NAME   FIRST   MIDOLE   14 FATHER'S NAME   FIRST   MIDOLE   15 MOTHER'S MAIDEN NAME   FIRST   MIDOLE   14 FATHER'S NAME   FIRST   MIDOLE   15 MOTHER'S MAIDEN NAME   FIRST   MIDOLE   14 FATHER'S NAME   FIRST   MIDOLE   14 FATHER'S NAME   FIRST   MIDOLE   15 MOTHER'S MAIDEN NAME   FIRST   MIDOLE   14 FATHER'S NAME   FIRST   MIDOLE   15 MOTHER'S MAIDEN NAME   FIRST   MIDOLE   14 FATHER'S NAME   FIRST   MIDOLE   15 MOTHER'S MAIDEN NAME   FIRST   MIDOLE   15 MOTHER'S MAIDEN NAME   FIRST   MIDOLE   14 FATHER'S NAME   FIRST   MIDOLE   15 MOTHER'S MAIDEN NAME   FIRST   MIDOLE   16 MOTHER'S NAME   FIRST   MIDOLE   17 MOTHER'S NAME   FIRST   MIDOLE   18 MOTHER'S NAM
USUAL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  134 INSIDE CITY LIMITS?  135 STREET ADDRESS  150 STREET ADDRESS  1510 Biterroot Way  16 FATHER'S NAME FIRST  Thomas MIDDLE LAST FIRST  Thomas MIDDLE LAST FIRST  Theresa UNK  17 INFORMANT Same as aboves)  NO  170 40 0693 Margaret Damiano (Daughter)
136 STATE   136 COUNTY   136 CITY OR TOWN   134 INSIDE CITY LIMITS?   136 STREET ADDRESS   15109 Biterroot Way   15 MOTHER'S MAIDEN NAME   15 MOTHER'S MAIDEN NAME   15 MOTHER'S MAIDEN NAME   165 MOTHER'S MAIDEN NAME   165 MOTHER'S MAIDEN NAME   165 MOTHER'S MAIDEN NAME   166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17 INFORMANT   187 Same as above?   170 40 0693   170 Margaret Damiano (Daughter)
Thomas Middle Last Blass Theresa UNK    State   Control of the Con
First Thomas Middle LAST First Middle LAST Theresa UNK    166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)   IF YES, GIVE WAR OR DATES)   166 SOCIAL SECURITY NO   17 INFORMANT Same as ababbress   170 40 0693 Margaret Damiano (Daughter)
Blass Theresa UNK    166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17 INFORMANT   Same as above)   No   170 40 0693   Margaret Damiano (Daughter)
160 WAS DECEASED EVER IN U.S. ARMED FORCES?   160 SOCIAL SECURITY NO   17 INFORMANT   Same as above)   No   170 40 0693   Margaret Damiano (Daughter)
No 170 40 0693 Margaret Damiano (Daughter)
2 INDEPLOYMENT SAFERY
18 CAUSE OF DEATH (Enter only one cause per line focus, (b) And ic
6 E PART I DEATH WAS CAUSED BY.
E & IMMEDIATE CAUSE (0)
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the
cause (a), stating the underlying cause lost.    DUE TO, OR AS A CONSEQUENCE OF (c) (c) (c) (c) (c) (d)
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
IN CERTIFYING CAUSES OF DEATH?
21/2 HOW IN ILLIP OCCUPRED ACCOUNT WAS UNDERLYING 1716 TIME OF INVITED BY
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
The state of the s
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY STATE
OR CONTRIBUTING CAUSE OF DEATH
OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  21d. INJURY OCCURRED  21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK  22a.1 certify that (1) (this hospital) oftended the deceosed from
OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. INJURY OCCURRE
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE AT WORK NOTIFY MEDICAL EXAMINER)  12a I certify that (I) (this hospital) oftended the deceosed from Sow the deceosed alive on obove, (I) (we) (did) (did nat) view the body after depth.  22a I certify that (I) (this hospital) oftended the deceosed from Sow the deceosed alive on obove, (I) (we) (did) (did nat) view the body after depth.  22b I CERTIFICATION  21c I LOCATION  STREET  CITY OR TOWN  COUNTY  STATE  22c I certify that (I) (this hospital) oftended the deceosed from Sow the deceosed alive on obove, (I) (we) (did) (did nat) view the body after depth.  22c I SIGNATORE  ATTENDING MEDICAL STAFF  22c DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH    FIRST   CONTRIBUTING CAUSE OF DEATH   FIRST   CONTRIBUTING COUNTY
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE AT WORK NOTIFY MEDICAL EXAMINER)  12a I certify that (I) (this hospital) oftended the deceosed from Sow the deceosed alive on obove, (I) (we) (did) (did nat) view the body after depth.  22a I certify that (I) (this hospital) oftended the deceosed from Sow the deceosed alive on obove, (I) (we) (did) (did nat) view the body after depth.  22b I CERTIFICATION  21c I LOCATION  STREET  CITY OR TOWN  COUNTY  STATE  22c I certify that (I) (this hospital) oftended the deceosed from Sow the deceosed alive on obove, (I) (we) (did) (did nat) view the body after depth.  22c I SIGNATORE  ATTENDING MEDICAL STAFF  22c DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. INJURY OCCURRED  WHILE AT WORK NOTIFY MEDICAL EXAMINER)  120 121d. INJURY OCCURRED  WHILE AT WORK AT WORK OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  220 1 certify that (1) (this hospital) oftended the deceased from Sow the deceased alive on above, (1) (we) (did) (did nat) view the body after death  220 1. SIGNATURE  221. SIGNATURE  222. DATE SIGNED  223. DATE SIGNED  224. PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR, MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR, MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR, MEDICAL STAFF  224. PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR, MAD JOINT STAFF  226. DATE SIGNED  227. DATE SIGNED  228. BURLAL, CREMATION, REMOVAL 23b. DATE  236. NAME OF CEMETERY OR CREMATORY  236. LOCATION  COUNTY STATE  COUNTY S
OR CONTRIBUTING CAUSE OF DEATH  (IF ETIMER, NOTEWINE COUNTY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK NOTEWINE COUNTY  22a. I certify that (I) (this hospital) oftended the decessed from sow the decessed alive on above. (I) (we) (did) (did nat) view the body after death.  22b. SIGNATORE  22c. DATE SIGNED  22d. PHYSICIAN'S NAME (1799 OR PRINT)  WHOUR A.M. MONTH DAY YEAR P.M. 19  22d. INJURY OCCURRED  WHILE AT WORK CITYOR TOWN  COUNTY STATE  CITYOR TOWN  COUNTY STATE  CITYOR TOWN  COUNTY STATE  ON THE ADDRESS  WHO PHYSICIAN DIRECTOR PHYSICIAN DIREC
OR CONTRIBUTING CAUSE OF DEATH    OR CONTRIBUTING CAUSE OF DEATH   FETTHER, NOTBY MEDICAL EXAMINER)   19



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page

15 45	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIEN  CERTIFICATE OF DEATH
(BB)	1. DECEASED NAME FIRST	MIDDLE LAST

PARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 3 0 6 6
CERTIFICATE OF DEATH

		REGISTRAR				CERTII	CAIL OI DEATH		REG. NO.			
		CEASED NAME OR PRINT)	FIRST SCAL	4 B	De man	1	School ff	2a. DATE OF	DEATH MON	TH DAY	YEAR	26. HOUR 930/a
3	SEX	lak .		CAUC	asidn	S. DATE C			ARS LÁST BIRTHDAY	YRS.		IF UNDER 24 HRS HOURS MIN
17		ATHPLACE (STATE OR FOR DUNTRY)	D.C.	CITIZEN OF WH		WIDOWE		Monts	RE CITY OR CO	y Con	inky	MD.
0	Ja	Herbung	H 1		SPITAL, NURSIN ACILITY, GIVE STREET HCQL+R		enter institution		CECUPATION CEPTOR MOST OF MOST		26. KIND O NDUSTRY	DE/BUSINESS OR
		LA RESIDENCE (IF HARSIN	36. COUNT	Y 13	VE RESIDENCE BEFORE	'N	13d. INSIDE CITY LIMITS?	7 -	ADDRESS Keissell	aven	R	
50	4. FA	THER'S NAME	MI	DOLE	School A		15 MOTHER'S MAIDEN NA	AME	MIDDLE	(	Trod-	CHAAFF
1		(AS DECEASED EVER IT		ED FORCES? 16 (AR OR DATES)	77 - 10	JRITY NO.	17. INFO	4	ADDRESS	ELEN	1	GAITHERS
		18 CAUSE OF DEATH PART I. DEATH WA  Conditions, if ony, gove rise to imm cause (o), stating (o), stating	S CAUSED MMEDIATE which ediote	DUE TO, OR A	A	Monice of the C	arcinoma z	dissus	e metas	tasis	6	Cays loyes
	NO	underlying couse	lost.	ONDITIONS CON	TRIBUTING TO		NOT RELATED TO THE TERM	MINAL DISEAS	E OR CONDITI	ON GIVEN I	N PART 1(i	0)
2	CERTIFICATION	190. DATE OF OPERATI	ON	196. CONDITIO		OPERATIO	N WAS PERFORMED	200 AUTO		L IF YES, WI CERTIFYING YES	G CAUSES	NGS USED S OF DEATH?
-7		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA)	USE OF DEATH	21b. TIME OF I HOUR A.M. P.M.		AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NA	TURE OF INJURY IN	ITEM 18, PART 1	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHI AT WORK AT WOR	LE 🗀	21e. PLACE OF (AT HOME, STREET	INJURY T, FACTORY, OFFICE, I	FARM, ETC.]	21f. LOCATION STREET		CITY OR TOWN	(	COUNTY	STATE
8		22a.1 certify that (I) ( sow the deceased above, (I) (we) (di	olive on_	9-8	19	79	nd that in (my) (our) opinion	deoth occurre	9 - 8 ed on the dote	ond hour one	d from the	
		226 SIGNATURE	1.6.6.8	sore MI	16/	al B	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	•	9-9	3-79
1		Carine	T.	Coke	- M	D.	2 Profes	ssiona	1 Dr.	Cai	Thor	sburg, ma
	23a. B	URIAL, CREMATION, E	EMOVAL	23b. DATE	23c.		EMETERY OR CREMATORY	23d. LOCA	ATION OR TOWN	COU	NTY	STATE

DHMH - 16 25M

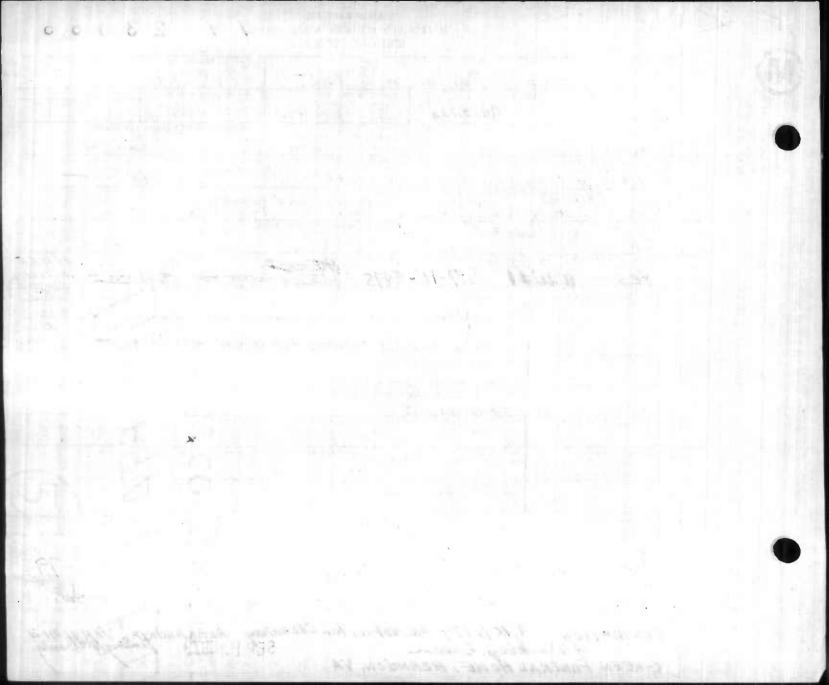
retained by the hospital or attending physician.

OHMH - 16 25M (VR A 15 (4) ) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

GREEN FUNERAL HOME, HERNOON, VA

9/10/1979 METROPOLI Han CREMATORY ALEXANDRIA VIRGINIZ Recy Green 1500 DREED OF BYRE HITCH 1556 RELEATING THE PROPERTY OF THE P



BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 most be retained by the hospital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director partshall be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical exempines, must be notified at once.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

2

6 3 Ü

FOR STATE REGISTRAR		IEALTH AND MENTAL HYG	IEN 9	2306	1.
I. DECEASED NAME FIRST (TYPE OR PRINT) Bennet	Fellows Sc	hauffler	20 DATE OF DEATH  6. AGE (IN YEARS LAST BIRT)	9 9 79	HOUR LE. M UNDER 24 HRS
3. SEX Male	white 5. DATE ( MONTH		86		DURS MIN.
70. BIRTHPEACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
Illinois	USA WIDOWI		Mon	tamery	MD.
Sandy Spring	11. NAME OF HOSPITAL, NURSING HOME ( REMOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Varsing Home	TYPE OF WORK FOR MOST OF Labor Bd.	WORKING LIFE) INDUSTRY	USINESS OR
Pa.	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 131: CITY OR TOWN Downingtown	YES NO	R.D. #1		
FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	WIDDIE	%* LAST	
Charles	E. Schauffler	Florence		Manye	
	RMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
Yes WWI	& II			APPROXIMATI BETWEEN ONSE	
	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONF	DITION GIVEN IN PART 1(0)	
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES T	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH DAY YEAR	21t. HOW INJURY OCCURR 21t. LOCATION STREET		Y IN ITEM 18, PART 1 OR PART 2)	STATE
220.1 certify that (1) (this has	n 1979. o ot view the body offer death.	DEGREE	MEDICAL STAF	ote and hour and from the countries of DATE SIG	(we) lost ses stoted
230 BURIAL, CREMATION, REMOVA (SPECIFY)  Removal	236 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE

DHMH-16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAME
Anatomy Board

ADDRESS Balto., Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SEP 1 4 1979

The team of the second of the water the total and the same of the later than the same of the sam G. A.P. . medent real TOTAL CONTROL OF STATE OF STAT Enterior Windows and Salar State Control Salar State S and ted about a close 10 13 PM 17 71 71 71 8 PCM/ Buncos XX Signal of the stand of the stand of the stand matemy search the Belle. 1 Md.

Topic arrival   Topic arriva	Hazel McNamara Schmidt S  3 SEX Female Caucasian T1/139/10 YEAR ACCE CAUCASIAN T1/139/10 YEAR ACCE CAUCASIAN T1/139/10 YEAR ACCE CAUCASIAN T1/139/10 YEAR ACCE CAUCASIAN T1/139/10 YEAR ACCED TILL NAME OF HOSPITAL, NURSING INDEX DIVORCED TO NOONER TO YORK WIDOWED TO NOONER TO NOONER INSTITUTION TO NOONE OF THE NOONE SUCH ACCURR, ON SINSEL ACCEDENT ON THE STORM THE ACCED TILL NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TO NOONE OF THE NOONE SUCH ACCURRED TO THE NOONE OF THE NO	Hazel McNamara Schmidt S  3 SEX Female    ARCE   Caucasian   T1/139/10   YEAR	Hazel McNamara Schmidt  S. Date of Birth H. Acter Caucasian  T. J. 3. SEX  Female  Recommendation  To be determined by the property of the pro	20	夏父台		cem #6 Film G535  FOR STATE REGISTRAR		MENT OF HEA	F MARYLAND LTH AND MENTAL HYO ATE OF DEATH	GIEŊÉ
Female Caucasian MTT/13%10 YEAR  TO BIRTHPLACE (STATE OR FOREIGN NEW! York U.S.A. MARRIED NEVER MARRIED WIDOWEXX DIVORCED WIDOWEXX DIVORCE	Female  Caucasian  TT/139/10  FARESTOROUS PROPERTY OF THE PROP	Female  Caucasian  This is a control of the control	Female  Caucasian  Matt/139/10 Year  To solve the solve		M	1. DE (TYPE				dt	
New York  U.S.A.  MARRIED   NEVER MARRIED   WIDOWEXX DIVORCED    10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   126.  WEND IN SUPPLE ADDRESS!	Company   Comp	NORTH YORK  WIDOWEXX DWORCED  IN ARRIED IN ARR	NOON STATE		cto a solution	3 SE					6 AC
Bethesda  Carriage Hill Nursing Home  Bothesda  Carriage Hill Nursing Home  Ho  Maryland Montgomery Bethesda  Is Mothers Malben Name  First  Patrick  MCNamara  First  Patrick  Patrick  MCNamara  First  Patrick  MCNamara  First  Patrick  Patrick  MCNamara  First  Patrick  MCNamara  First  Patrick  MCNamara  First  Patrick  Patrick  MCNamara  First  Patrick  Patrick  MCNamara  First  Patrick  MCNamara  First  Patrick  MCNamara  First  Patrick  Patrick  MCNamara  First  Patrick  MCNamara  First  Patrick  MCNamara  First  Patrick  Patrick  MCNamara  First  Patrick  Patrick  MCNamara  First  Patrick  Patrick  MCNamara  First  Patrick  Patrick  Patrick  MC	Bethesda    Carriage Hill Nursing Home   How   H	Bethesda  Carriage Hill Nursing Home Ho  Working to the state of the state in the state of the state in the state of the s	Bethesda  Carriage Hill Nursing Home  Ho  Garriage Hill Nursing Home  Ho  Carriage Hill Nursing Home  Ho  Carriage Hill Nursing Home  Ho  Garriage Hill Nursing Home  It Farthers Name  Hill County  Hold Home  Ho  Garriage Hill Nursing Home  Ho  Garriage Hill Nursing Home  It Farthers Name  Hill County  Hill						MARRIED		9 BA
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13d. INSIDE CITY LIMITS?  13d. INSIDE CITY LIMITS?  13e. 13d. INSIDE CITY LIMITS?  13e. 15d. INSIDE CITY LIMITS?  13e. INSIDE CITY LIMITS?  13e. INSIDE CITY LIMITS?  13e. 15d. INSIDE CITY LIMITS?  13e. INSIDE CITY LI	STATE OF THE STANDER	DE COUNTY BETTER STANKE STORME STORME SETORME	DISTANCE OF DEATH LETTER ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	10	by the further de within the formal led with			(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR (	OTHER INSTITUTION	(TYPE
THE PARTICK MCNamara  It is mother's maiden name  First Patrick McNamara  First First Patrick McNamara  First First Patrick McNamara  First Patrick McNamara  First Patrick McNamara  First Patrick McNamara  First First McNamara  First McNa	The partick middle particle is middle particle in the particle in the particle is middle particle in the particle in the particle is middle particle in the particle in the particle is middle particle in the particle in the particle is middle particle in the particle in the particle is middle particle in the particle in the particle is middle particle in the particle in the particle is middle particle in the particle in the particle is middle particle in the particle in the particle is middle particle in the particle particle in the particle particle is middle particle in the particle part	The particle of the particle o	220.1 certify that (1) (this hospital attended the deceased from 7.7, 19.7, 19.7)  Saw the deceased alive an 19.7,	ND 2120	filled in k	13a.	STATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM  13c CITY OR TOV	RE ADMISSION)	d INSIDE CITY LIMITS?	13e 3
18 CAUSE OF DEATH EENTER ONLY ONLY OF STATE OF DEATH SET ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	The part of the pa	The part of the pa	220.1 certify that (1) (this hospital attended the deceased from 7.7, 19.7, 19.7)  Saw the deceased alive an 19.7,	MARYLA	mpletely and 2 sh		ATHER'S NAME FIRST	MIDDLE LAST	15	FIRST	
18 CAUSE OF DEATH Enter only one cause per line log of the and of partitions of the certification of the certification of the conditions, if only, which gover rise to immediate couse lost.  DUE TO, OR AS MONSEQUENCE OF Cardinary Conditions, if only, which gover rise to immediate couse lost.  DUE TO, OR AS MONSEQUENCE OF Cardinary Conditions, if only, which gover rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF Cardinary Conditions of the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR POR MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR POR MONTH DAY YEAR POR MONTH DAY YEAR P.M. 19	18 CAUSE OF DEATH Enter only one cause per line location and compared to the death of the death	18 CAUSE OF DEATH (Enter only one cause per line log at, th, and ic  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS MONSEQUENCE OF  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (b)  DUE TO, OR AS MONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse loi, stating the underlying cause lost:  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  19 DATE OF OPERATION  10 DATE OF OPERA	220.1 certify that (1) (this hospital attended the deceased from 7.7, 19.7, 19.7)  Saw the deceased alive an 19.7,	IMORE,	n and co		YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	4==0	Jack McNar	mar
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	21d. INJURY OCCURRED  12 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET  STREET	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (the hospital attended the deceased from 19.79, and that in (my) (total apinion death above. (1) (did not) view the bady alter death.	220.1 certify that (1) (this hospital attended the deceased from 7.7, 19.7, 19.7)  Saw the deceased alive an 19.7,	OF VIT	ICIAN: 1 g physic ertificate iol-trons ntal Hyg em 18 sh		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	AY YEAR	Tr. HOW INJURY OCCUR	RED (

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR OBERT

Burial

23b. DATE

HOMES, P.A. BETHESDA.

/10/79

23c NAME OF CEMETERY OR CREMATORY

MARYLAND

Arlington National

20 DATE OF DEATH MONTH

September 6 6 AGE (IN YEARS LAST BIRTHDAY)

9. BALTIMORE CITY OR COUNTY OF DEATH

Montgomery

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Home 13e STREET ADDRESS 10509 Montrose Avenue Stokes orth Babylon, New York APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH cinoma RI Break LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1191 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTX YES [] OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY 79\_, that 🖶 (we) last (my) (mt) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN 9/6/79 5413 Cedar Lane Bethesda, Maryland Arlington Virginia SEP 1 3 1979

1979

12b. KIND OF BUSINESS OR

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after deat with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

requires that the death certificate be executed within 24 hours ofter

TTENDING PHYSICIAN: The low

TO HOSPITAL

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STATE OF MARYLAND FOR

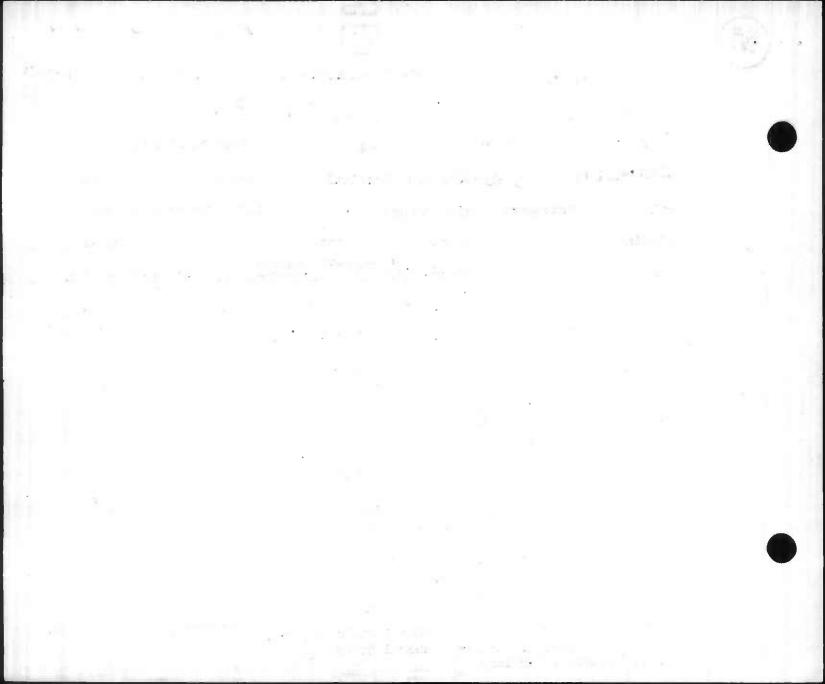
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	1.	- STATE REGISTRAR			DEPAK		ICATE OF DEA		REG. 1	10.	3 0	9 7
		CEASED NAME	FIRST	r	n Sc		AST BE	ck	2a. DATE OF DEATH	-8-1	DAY YEAR	11:30 A
	3. SE	Fence	le.	1 RACE	ruc	5 DATE O	DAY	YEAR	AGE (IN YEARS LAST BE	YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
35 35	C	IRTHPLACE (STATE OR FO OUNTRY) Maryland		450	WHAT COUNTRY	MARRIE WłDOWE		RCED 🗌	Mant	OR COUNT	ETY ETY	MD
70	3	BEHLESD	4	S LAD	HEACHITY GIVE STREET	ET ADDRESS)	or other institu	ITION	12a. USUAL OCČUPA (TYPE OF WORK FOR MOST Homemaker			F BUSINESS OR
Service must be	13a S	AL RESIDENCE IN NURS STATE  [d.  ATHER'S NAME FIRST	Montg	TY	Gaither  LAST	WN	13d. INSIDE CITY YES ON NOTHER'S M.	AIDEN NA	130. STREET ADDRESS 11700 Dari	estow	m, Road	
event, the medicolexor	16a V	illiam Was deceased ever yes, no or unknown) No	IN U.S. AR		Roberts 186 SOCIAL SEC	URITY NO.	Emma II INFORMANT Russell	Rober	ADDI		Russma	
injury, or other troumotic	NO!	Conditions, if ony, gove rise to imr cause iol, statin underlying cause	, which nediate og the last	DUE TO, OI  (b)  DUE TO, OI  (c)	R AS A CONSEQ R AS A CONSEQ DISTRIBUTING TO	NEWCE OF	Deart	THE TERM	INAL DISEASE OR COI	IDITION G	48	ihu.
shows only	CERTIFICATION	190 DATE OF OPERA	DERLYING _	21b. TIME O	FINJURY	DAY YEAR	21c HOW INJUR		YES NO TOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES	OF DEATH?
morked or Item 18 sho	MEDICAL	(IF EITHER, NOTIFY MEDIC	RED	P. 21e PLACE		FARM, ETC.)	21f LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
MPORTANT: If Hem 21 is mor		220.1 certify tho (I) sow the decease obove, (I) (we) (c 22b. SIGNATURE	ed olive on did) (did no	) view the lody	19_	m	DEGREE	NDINO	MEDICAL STA	CIAN [	22c DATE	SIGNED - 29
≥		BURIAL, CREMATION, BURIAL	REMOVAL	236. DATE 9-11-	-		EMETERY OR CRE		23d LOCATION city or town Darnest	own	COUNTY	STATE Md.

DHMH-16 20M (VRA 15, 4) 7/7B

24 FUNERAL DIRECTOR Robert A. Pumphreyes uneral Homes, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

P.A., Bethesda, Maryland



death. Page 4 may be

executed

death certificate be

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

# FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

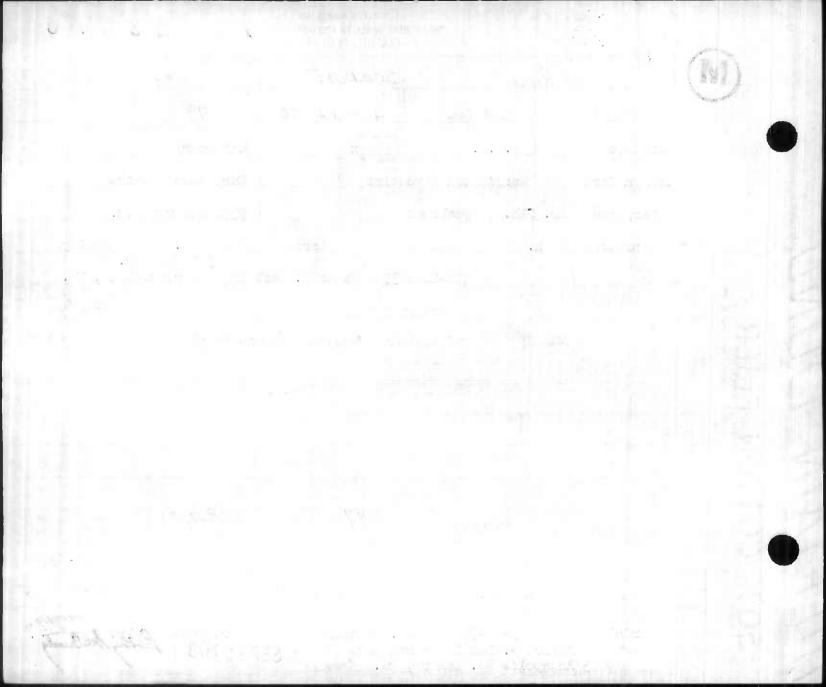
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3. SE 7a. B	ECEASED NAME FIRST E OR PRINT)  X  Male  UIRTHPLACE ISTATE OR FOREIGN	A. RACE	MIDDLE Seg	OF BIRTH	20 DATE OF DEATH MO	onth day year 26 Hi ept 7 79 4 av) IFUNDER I YEAR IFUNI
70. B Vi	Male		5 DATE		6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER I YEAR IF UNI
83 vi	IDTUDE A CE		te 4	- 22 - 00	79	MONTHS DAYS HOUR
10 C	rginia	U.S.A	WIDOW		Montgomery	
	koma Park	Washin	HOSPITAL, NURSING HOME (CHEACILITY, GIVE STREET ADDRESS)  gton Adventist	5	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Carpenter -	ORKING LIFE) INDUSTRY
35 130.	STATE 136 COT Maryland Pr.		GIVE RESIDENCE BEFORE ADMISSION 134 CITY OR TOWN Seabrook	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 9350 Dubar:	ry Ave.
160		MIDDLE	Seabolt	15 MOTHER'S MAIDEN NAMERIEST Sara	A.	Kegley
7	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	226-28-6735	James W. Sea	8312°T8 bolt Fore	dd Dr. stville, Md.
ATION	gove rise to immediate cause (a), stating the underlying couse last  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION	CONDITIONS C	OR AS A CONSEQUENCE OF			TION GIVEN IN PART 1(a)
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	DF INJURY	21c HOW INJURY OCCUR	YES NO	N CERTIFYING CAUSES OF DE
MEDICAL O	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	.M. MONTH DAY YEAR .M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY
	22a.l certify that (I) (this has sow the deceased alive a obove, (I) (we) (did) (did r. 22b. SIGNATURE	n 2/7 lot) view the body	179	DEGREE  ATTENDING PHYSICIAN	death occurred an the date	thot (I) cond haur and fram the couses 22c. DATE SIGNE 418/12
	22d, PHYSICIAN'S NAME (TYPE	ORPRINT)		22e ADDRESS 7425 au	leigton Rd	, Relle da
				CEMETERY OR CREMATORY	23d. LOCATION	

BP.

TO HOSPITAL

DHMH - 16 50M 1/76 (VR A 15 (4))



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STATE OF MARYLAND

	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 3 0 / REG. NO.								
	1. DE (TYPE	CEASED NAME FIRST OR PRINT)	AUBECCEL.	(none)	SEN	ICER	SEPTEMBER 29		26 HOUR 10:00 p
	3. SEX FEMALE		4. RACE WHI	4. RACE WHITE		MBER 15, 1926	6 AGE (IN YEARS LAST BIRTHDA	YRS IF UNDER 1 YEA	R IF UNDER 24 HRS
87	C	RTHPLACE (STATE OR FOREIGN OUNTRY) URKEY		76 CITIZEN OF WHAT COUNTRY? TURKEY		D X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOME'RY		
26	10 CITY OR TOWN OF DEATH BETHESDA		(IF NOT IN SU	11. NAME OF HOSPITAL, NURSING H IF NOT IN SUCH FACILITY GIVE STREET ADDRI CLINICAL CE			128 USUAL OCCUPATION 128 KIND OF BUSINESS TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE		
35	13a. S	ARYLAND	E OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE 134 CITY OR TOW FILLICOT	N.I.	Y YES NO [	13e STREET ADDRESS 3037 OAK GF	REEN CIRCL	3
30	14. FATHER'S NAME PIRST  AHMET		MIDDLE	BAYKALER		15. MOTHER'S MAIDEN NA/ FIRST ZEHRA	- (unkne		own)
medico	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV		ARMED FORCES? GIVE WAR OR DATES)	ED FORCES? 166 SOCIAL SECURITY NO. 216-90-3971		MR. HALIT SI	ADDRESS ENCER, HUSBAND	SAME AS	ABOVE
y injury, or oth	TION	COUSE (0). storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  120b. IF YES, WERE FINDINGS USED							
uo s ou	CERTIFICATION	19a. DATE OF OPERATION		ition for which	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?   20	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES []	INGS USED IS OF DEATH?
8 G	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET, NOTIFY MEDICAL EXAMI	DEATH HOUR A	DE INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	I ITEM 18, PART 1 OR PART 2)	
j /	0	21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION			
irked or Iter	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F		STREET	CITY OR TOWN	COUNTY	STATE
121 is morked or ther	ME	WHILE NOT WHILE AT WORK	ospital) attended tl	ne deceased from	Sistem		to SEPTEMBER	29, 1979	, that (we) la
T: If Item 21 is morked or Ite	WE	WHILE AT WORK AT WORK  220.1 certify that Mark (this he saw the deceased alive above, Mr (we) (did) (day 22b. SIGNATURE	ospital) attended the on SFPTEM view the body	ne deceased from	SEPTEI	MBER 27, 19 79  Inditation in prof (our) opinion of the profession	to SEPTEMBER	ond hour ond from th	, that (we) la
MPORTANT: If Item 21 is morked or Iter	W	while NOT While Dat WORK  22a. I certify that Mark this has sow the deceased alive above. He (we) (did) (did)	ospital) attended the on SFPTEM view the body	ne deceased from SER 29, 19 ofter death	SEPITI 79— 4h ).	MBER 27, 19 79  Indicate the state of the st	, to <u>SEPTEMBER</u> death occurred on the date  MEDICAL STAFF	ond hour ond from the 22c. DAT	, that X (we) Ic e couses stated E SIGNED

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND



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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

3

	FOR STATE REGISTRAR		PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		2 3 0 / 3
	1. DECEASED NAME (TYPE OR PRINT)  3. SEX	Na M.	Shaw Shaw	20. DATE OF DEATH	MONTH DAY YEAR 2b. HOUR 1129, M
I	Female	White		YEAR	MONTHS DAYS HOURS MIN
1	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Danzig	76. CITIZEN OF WHAT COUN	MARRIED WEVER MARE	RIED   9 BALTIMORE CITY C	OR COUNTY OF DEATH
1	10 CITY OR TOWN OF DEATH  Bethesda	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUT	120 USUAL OCCUPAT	DE WORKING LIFE) 12 b. KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COURT	NTY 13c CITY OF	E BEFORE ADMISSION) R TOWN 13d INSIDE CITY L		
5	14 FATHER'S NAME FIRST  Von	MIDDLE 01sze	wski Marth	IDEN NAME	Von Briezewitz
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	SECURITY NO. 17 INFORMANT	153 ColoniaTR Shaw Hamilto	Rd. McLean, Va.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CON	SEQUENCE OF Arte	bosis riu scleros	BETWEEN ONSET AND DEATH  24 hours  10 years
	PART 2 OTHER SIGNIFICANT  ATTURNOSCIPTO  190 DATE OF OPERATION  210. ACCIOENT WAS UNDERLYING	tis Heart	S TO DEATH BUT TO REATH OF THE WITH	OLD MYOCON D 200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \) NO \( \)
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216, INJURY OCCURRED	AIR	H DAY YEAR 19 21f. HOW INJURY 19 21f. LOCATION STREET	Y OCCURRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART 2)  COUNTY STATE
	220. I certify that (I) (this hosp	ital) attended the deceased	from 10	2 Topinion death accurred on the d	, that (1) (wa) last late and hour and from the causes stated
	Ofrehel.	DA Haly	DEGREE ATTER PHYS  122e ADDRESS	NDING MEDICAL STA	
	SICIAN SNAME (TYPE (	M. HEAL	4. MD 5411 6	W. Cedar Ln,	Betherda MD2004
	230. BURIAL, CREMATION, REMOVAI (SPECIFY) Cremation	236. DATE 9/21/79	Ft. Lincoln Co	CITY OR TOWN	WOOD PG Md.
	24 FUNERAL DIRECTOR	ADDR		25e DATE REC'D. BY REGISTRAR	WOOD PG Md  25b. REGISTAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral all should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled within 72 hins with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, or other traumatic event, the

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. retained by the hospital or attending physician.

White was a second

## FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

				2000	
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DEC	NO				- 1

	REGISTRAR			CENTILI	CAIL OI DEATH	REG	. NO.			
		pages 1	AIDDLE	L)	*IRST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOU	R
(TYPE	Shearn	O Von Na	strand	ATT.	collecte		9 35	3 79	12	PA
1.5E)	Speare	4 RACE	BULLING	5 DATE OF		6 AGE (IN YEARS LAST	BIRTHDAY)	FUNDER I YEAR		24 HR
1.50	- 1	Whote		MONTH	DAY YEAR	9	el mo	ONTHS DAYS	HOURS	MIN
	remere			8	22 - 1895		YRS.	DE DEATH		
	RTHPLACE ISTATE OR FORE	76 CITIZEN OF	WHAT COUNTRY	MARRIED	☐ NEVER MARRIED ☐	9. BALTIMORE CIT	Y OR COUNTY	JE UEAIN		
Eli	zebeth N.	J. ILS	,	WIDOWED	DIVORCED [	Montae	mer4	Oun	4	- 1
10. C	OR TOWN OF DEATH		HOSPITAL, NURSI		OTHER INSTITUTION	12a USUAL OCCUP	ATION STOR WORKING HEEL	12b. KIND 6		ESS C
10	authors bun		toolth Car			House.	bl.C	I II DOSTKI		
USUA	AL RESIDENCE (IF NURSE)	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)						
13a. S		B. COUNTY	13t. CITY OR TOV	WN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	0	Dur		
111.50	MY I	Managerasing.	GRITTE	5 Darg	YES NO	46/	usse//	HUCK	OWC	_
14.70	HEST	MODIE 4	LAST	1	FIRST	WIDDI	E .	LA	ST	
	Elisha	C	KA NOSTI	411	Louise			SCI	ate	C
16a. V	WAS DECEASED EVER IN YEL HID DRIUMONOWN)	U.S. ARMED FORCES?	1382055	3589	17 INFORMANT		DRESS		offic.	500
	HO		138-54	-9479	Mrs Juliet	Turn ball 4	1390 Laren	m LAM	E Art	ing
		(Enter anly ane cause per	line far (a), (b), a	nd (c).)				APPRO)	ONSET AND	RVAL DEA
	PART I. DEATH WAS	S CAUSED BY:	1.3	e bro	1 thrown	alansis		15	m	-
	112110	AMEDIATE CAUSE (a)								
z		EICANT CONDITIONS CO		DEATH BUT P	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIVE	N IN PART I	(a)	
- 18	IN DATE OF OPERATION	N III COND	ITION FOR WHICH	H OPERATION	I WAS PERFORMED	20g AUTOPSY?	120b. IF YES.	WERE FINDI	NGS USE	D
CERTIFICATION	THE DATE OF GREAT	178. COND	INDITION WITE	TO EKATION	TASTERI ONNED	YES T NOT	IN CERTIFY	ING CAUSES		TH?
ER -	Zig. ACCIDENT WAS UNDER	TIME C	DE INJURY		21c HOW INJURY OCCU		-			
THE PARTY OF	DECONTRIBUTING CAL	ME OF DEATH HOUR A.	M. MONTH	DAY YEAR						
15	(# EITHER, WOTHY MEDICAL		100	19	21f. LOCATION					-
MEDICAL	WALE OCCURRE		REET, FACTORY, OFFICE	, FARM, ETC.)	STREET	CITY OF	TOWN	COUNTY	S'	TATE
	AT WORK AT WORK	U					1			
	220.1 certify that	his haspital) attended th	e deceased from		12 19 7	X to left	JOXX, 1	979	that (1)	
	saw the deceased	alive on SCN4	after death.	, and	that in my (aur) apinia	n death accurred an th	e date and haur	and fram the	causes st	ated
1	331-910TYATURE	1	4	D	EGREE			22c. DATE	SIGNED	
1		Shows	11000		MA ATTENDING	MEDICAL DIRECTOR PH	STAFF VSICIAN [	19-	28-	70
1	774 PHYSICIANS NAM	NE atom on things	· Coo	-3	22e ADDRESS	Downzeron P. III	ISICIAN L		,	_
	10000	D M	. 1		207 Prom	kes Ave	Constla	erston	7. 11.	1
_	James	K. Mour					Garin	6/30W	g PP	LEY
230. 1	BURIAL, CREMATION, RE				METERY OR CREMATORY	CITY OR TOWN		COUNTY	ST	ATE
	Burial	Oct.	1, 79	Evergre	en Cemetery	Hillsid			N.J	•
24. FI	UNERALDIRECTOR	& Sanderi	316 E	Diame	nd Ave., 25a. D	A FECTO BY REGISTE	AR 256. REGISTR	AR'S SIGNA	TURE	odly
Ga	arther-Sand			rsburg				/		1
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DHMH - 16 25M (VR A 15 (4) ) 9/74

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to FUNERAL DIRECTOR. Attached for use or with the State Dept. of Health ned by the hospital or

ATTENDING PHYSICIAN The

on and completely tilled in by is Pages 1 and 2 should be filed

TO SEE THE PROPERTY OF THE PARTY OF THE PART the state of the s GAR ST. A GRAND LEWIS BUT TO STREET FIRST STATE OF THE Detail to the sweeters of the contract of the . To Business . Life ... Little by a supplied that the supplied of the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		6
O HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the haspital or attending physician.	Poge 4 moy be	
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the Lintial director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within the death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	director, page 3 dur ofter death	

medical examir

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

CERTIFICATION

MEDICAL

	FOR STATE REGISTRAR	DEF	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH	IENE / 9	2 3	0 7	5
	DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAURA	Shebo	**	2a DATE OF DEATH	9 - 10	YEAR 21	1:45 M
	Female	Nhite	5. DATE OF MONTH	DAY YEAR	6 AGE (IN YEARS LAST BIR	THOAY) IF U		FUNDER 24 HRS
	70. BIRTHPLACE ISTATE ORFOREIGN COUNTRY) West Germany	U. S. A.	MARRIED WIDOWED	NEVER MARRIED DO DIVORCED	Montan	MPRL	Coun-	ty MD.
7	Si UCR Spring	11. NAME OF HOSPITAL, N (IF NOT IN SUCH PACILITY, GME	ESTREET ADDRESS)	other institution	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST	OF WORKING LIFE)	26. KIND OF ENDUSTRY OWN HOL	ME.
	MSUAL RESIDENCE IN NURSING HOME O 130 STATE 130 COU Maryland Mont	NTY 113c CITY OF		13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	ade Road	d	1
-	14 FATHER'S NAME FIRST Otto	MIDDLE Brac	ST	IS MOTHER'S MAIDEN NAM FIRST Katrinka	AE MIDDLE	(Una	scerta	inable)
	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)		17 INFORMANT Irwin Shebous	ADDR	same as	No. 13	3
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE			Failure	c		BETWEEN ONS	SET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS ACON	SEOUENCE OF	زع و در سف	DI=BR	e=29-	1 1/	2-
	couse Iol, stating the underlying couse last	DUE TO, OR AS A CON	SEQUENCE OF					

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a DATE OF OPERATION

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES 🗌

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES [] NO [

COUNTY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

211 LOCATION STREET CITY OR TOWN

STATE

obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATUR

22a I certify that (I) (this hospital) attended the deceased from

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED 911017

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

sow the deceased alive on\_

210 ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

AT WORK

OR CONTRIBUTING \_ CAUSE OF DEATH

NOT WHILE

DUARH. LEVIA

22e ADDRESS

86 FENTON ST-

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BUTIAL

9/12/1979

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M.

231 NAME OF CEMETERY OR CREMATORY King David Memorial Garden

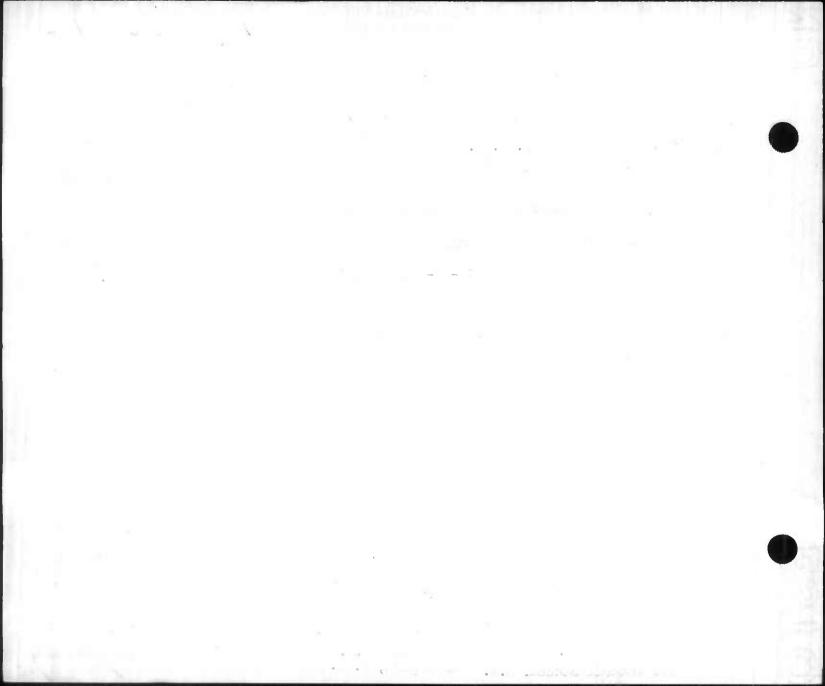
23d LOCATION CITY OF TOWN Falls Church,

Stein Hebrevorthemorial F.H.

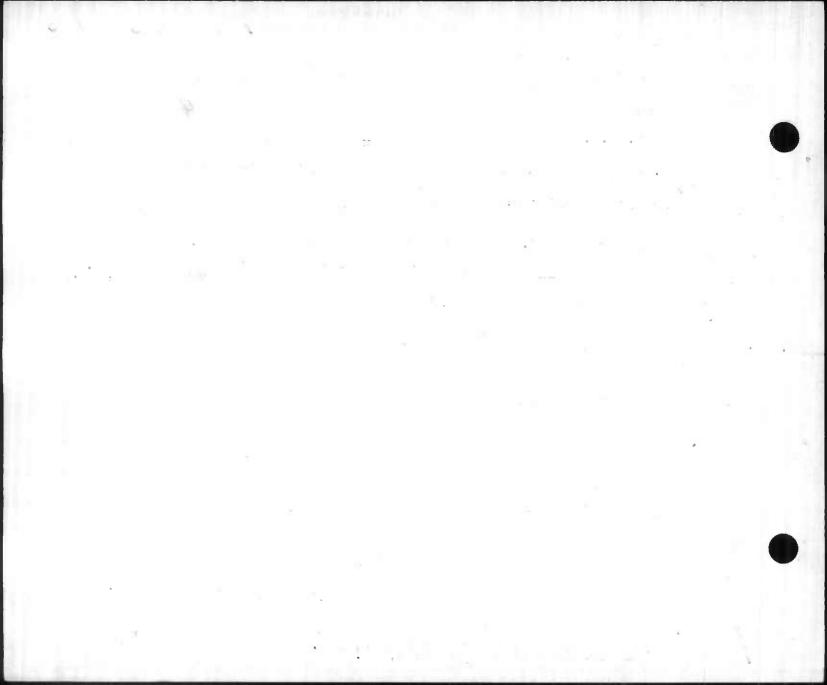
SEP 1 3 1979

DHMH-16 20M (VRA 15, 4) 7/7B

MONTH DAY YEAR



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		REGISTRAR	AST . "	FIRST	CERTIFI	CATE OF DE		REG. NO	O. MONTH OA	Y YEAR	Th HOUR
	(TYPE	SHOWKEIN	ERM	MA M	ARGI	ACET		9/6/79			25 HOUR M
(M)	3. SE	female	whit	e	S DATE OF MONTH	BIRTH DAY	YEAR 24	4 AGE (NYEARS LÁST BIRTI		ONTHS DAYS	HOURS MIN
Dionce.	7= B	RTHPLACE ISTATE OR FOREIGN	71 CITIZEN OF V	WHAT COUNTRY?	MARRIED WIDOWE	□ NEVER MA		MANTA		P DEATH	MD
2 4 p	10 C	THESOA	11. NAME OF H	OSPITAL, NURSIN			UTION 7L	17ª USUAL OCCUPATK		176. KIND C	of BUSINESS OR home
within 24 hours offer letely filled in by the d 2 should be filed w	USU. 13a S M	AL RESIDENCE (IF NURSING HOME STATE AT LAND MONEY LAND	or other institution, inty	GIVE RESIDENCE BEFORE	ADMISSION)	3d. INSIDE CITY	Y LIMITS?	130. STREET ADDRESS 10404 Co	nover	Drive	
impletely and 2 sh	14. F/	THER'S NAME FIRST Fuller	MIDDLE G.	Sydno	or	IS MOTHER'S A				Gi	51
execut ond co oges I		VAS DECEASED EVER IN U.S. A		579 30		Thelm:		d 5702 Old Camp		h Ave	d.
requires that the death certificate be ne signed by the attending physician. Then please remove carban papers. Prito burial, cremotian, or removal. Injury, or other traumatic event, the medium.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR  DUE TO, OR  (c)	R AS A CONSEQUE	ENCE OF	blood blood	nhse nes	INAL DISEASE OR CONE	DITION GIVE		IMATE INTERVAL ONSET AND DEATH
low sony	L CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME O		OPERATION AT YEAR			200 AUTOPSY?  YES NOTE:	IN CERTIFYI YES		NGS USED OF DEATH? NO []
ATTENDING PHYSICIAN: The hospital or aftending physician RECTOR, After this certificate heed for use as the burial-transit pipt, of Health and Mental Hygien em 21 is marked or item 18 show	MEDICAL	I'M ETHER, NOTE A RECALEXAMINE 71d. INJURY OCCURRED  WHILE AT WORK  720.1 certify the (1) this has sow the deceased dive o	21e PLACE ( (AT HOME, STRI	DF INJURY EET, FACTORY OFFICE, F	G 1	211 LOCATION STREET	19 79	to	29_15		state that (I) (we) last couses stated
HOSPITAL CANAmed by the hospital by the hospital by the hospital by the Store Dept. ORTANT: # hem		obove, (h (we) (did) (and of 27h. SIGNATURE)  27d PHYSICIAN'S NAME (TYPE)	retas	So LS	M	ATT PH	TENDING YSICIAN	MEDICAL STAF	EARC	276. DATE	16/9 m, 51
PPBP	230 E	BURIAL, CREMATION, REMOVA	23b. DATE 9/10			METERY OR CRI		23d LOCATION CITY OR TOWN Park Rock	ville	ounty Mary	STATE M
DHMH-16 20M (VRA 15, 4) 7/78	24 FI			r Funera Rockvi			Ter	E REC'D. BY REGISTRAR			



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deal

TO HOSPITAL OF ATTENDING PHYSICIAN The retained by the hospital or ottending physician.

•.	10	1-	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE / 9	2 3 0	7-7-
ge 3	,00		CEASED NAME FIRST OR PRINT)	las M	510	ris	SEPTEMBER	20. 1979	435PM
M		3. SE)	MALE	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
Pin	109	<u>ر</u> دد		U.S.A.	WIDOWE			MERY	MD.
by th filed	70	E	BETHESDA	(IF NOT IN SUCH FACILITY, GIN	OSPITAL	OR OTHER INSTITUTION		F WORKING LIFE) INDUSTRY	OMOTIVE
y filled in should be	35	130 S	ARY LAND MO	UNTY 1131 CITY C	RTOWN	YES 🛣 NO 🗌		MENTONE ROA	0
omplete ond 2	150		PANTELIS			FIRST	MIDDLE	RICHTE	R
on and c	1	16a W (Y		INF WAR OR DATES)			COTTICK	WASHINGT	t PLACE, NW ON, D.C.
against the attending phy the properties of the please remove corbon probability to burial, cremation, or remonitary, or other troumonts ever		NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COM  DUE TO, OR AS A COM  DUE TO, OR AS A COM  (c)	NSEQUENCE OF	Expertensive	Cordiovace	lon Dis 1	-30 min 1/2 YRS
hos bee	9	TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	
of this certificate the buriol-trans and Mentol Hyg	9	MEDICAL CER	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	P.M. 21e PLACE OF INJURY	19	21c HOW INJURY OCCURR			STATE
ied by the hospitol of the UNERAL DIRECTOR. After the Store Dept of Health RTANT: If them 21 is morth.			220 I certify that (I) (this has sow the deceosed alive above, (I) (we) (did) (did) 22b. SIGNATURE	on 17 Sept not) view the body ofter death Ressurel	19.79 on	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAF	ote and haur and from the	that (I) (we) lost e couses stated E SIGNED
501		23e. B	CURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN BRENTWOOD	Mashuglon - PRI GEO	2. C. 20009
NEW YORK   LIS.A.   WIDOWED   DIVORCED XX   MONTGOMERY   18 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   11. HE USUAL OCCUPATION   11. H			URE day						

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hospital

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FUNERAL

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 1. DECEASED NAME FIRST 20 DATE OF DEATH MONTH (TYPE OR PRINT) JACK SLAUGHTER DATE OF BIRTH 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAP DAYS 27. 1924 53 JAN. 70. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PENNS YLVANTA U.S.A. MONTGOMER Y DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION
(TYPROF WORKING LIFE) 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY TAKOMA PARK DECORATOR DEPARTMENT Store WASHINGTON ADVENTIST HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Takoma Park 700 Fairview Avenue YES X NO [ 14 FATHER'S'NAME 15 MOTHER'S MAIDEN NAME MIDDLE 0 Slaughter Joseph E. Ethel Rutherford ASSERS GOOD LUCK ROad 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN) S. GIVE WAR OR DATES) Seabrook, Md. 11 579 20 0983 Meredyth J. Montigny APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if ony, which gave rise to immediate couse (o), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 0 WE DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 78s. AUTOPSYT 10s. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES IT NO | CERTI sho THE ACCIDENT WAS UNDERLYING. 71s. TIME OF INJURY THE HOW INJURY OCCURRED. (INTERNATURE OF HUMB) IN TEM 18, MAIN I GREAT TO Mentol Hy 00 HOUR A.M. MONTH DAY YEAR DECONTRIBUTING TO CAUSE OF BEATH tem MEDICAL OF RITHER, NOTIFY MEDICAL EXAMINERS III. LOCATION 214 INJURY OCCURRED 21s. PLACE OF INJURY 0 CITY DE TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) HOT WHAT WIT WORK 22s.1 certify that (I) (this hospital) organds saw the deceased plive on \_\_\_\_\_\_ the bag and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h, SIGNATURE 27L DATE SIGNED MEDICAL -ATTENDING: be deta e State I PHYSICIAN DIRECTOR | PHYSICIA MPORTANT ZZe ADDRESS ld b 230. BURIAL, CREMATION, REMOVAL 23b. DATE P.G. Burial 10/4/79 Ft. Lincoln Cemetery Brentwood Md. TRAP 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECT Francis Gasch's Sonspre Funeral Home, P. A DHMH - 16 50M 1/76 (VR A 15 (4)) Hyattsville, Maryland

STATE OF MARYLAND

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be etained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 minute source that burial-transit permit. Then please remove cookbapapers, Pages 1 and 2 should be filled within 72 hours after death.	2
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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REG	NO.				

	1-	FOR STATE REGISTRAR	DEPART		ICATE OF DEATH	IENE S	2 3	0	19
		CEASED NAME FIRST OR PRINT)	MIDDLE		AST		MONTH D	AY YEAR	26 HOUR - 40
	3. SE)	Ida	Beatrice 14 RACE	5. DATE O	Lepian	6. AGE (NYEARS LAST BIRTI	(DAY)	IF UNDER 1 YEAR	IF UNDER 74 HRS
	3. 3L/	Female	Caucasian	MONT	DAY YEAR		M	ONTHS CIAYS	HOURS MIN
	70 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	Marc	h 2, 1901	78 9. BALTIMORE CITY O	YRS.	OF DEATH	
58		assachusetts	USA	MARRIE	D NEVER MARRIED DIVORCED	Montgomer			MD
68	Sil	tyor town of DEATH  Lver Spring	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET HOLY Cross Hosp	oital	DR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			OF BUSINESS OR
35	130. S Var	STATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134. CITY OR TOW ROCKVI 11	VN	13d INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS 10401 Gross	zenor i	Lane	
0/5/		lexander =	MIDDLE Kaufman		Esther	WIDDLE		Unkne	
8 /		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRE	SS Wach		, D. C.
med /		ves, no or unknown) (1F yes, GIV N/A	(E WAR OR DATES) 021–26–5	434D	Dorothy Packe	er, 2933 Gar		NW.	MATE INTERVAL ONSET AND DEATH
, or other troumotic event		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	TE CAUSE (a) TO THE COR	ENCE OF	√	INLAL DISCASE OF CONT	DITION CIVE		buns
wlork,	NO	( ) 14 A	ELIANS MEMOR		WEF HYDRICEA		JIIION GIVE	IN IIN PART II	
2 Swor	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI	
Hem 28	EDICAL CE	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c, HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART 2)	
rked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	M	COUNTY	STATE
If Ifem 21 is mo		sow the deceased olive of	oital) attended the deceosed from n 1919 at yiew the body ofter death.		nd that irem (aur) opinion of DEGREE  ATTENDING PHYSICIAN		F		
MPORTAN TANA		POBERT L	ROSENBERG, ME		22e ADDRESS 1131 UNIV. BL			ane, me	0. 20902
2	(	BURIAL, CREMATION, REMOVA SPECIFY)			Mem. Park	23d LOCATION CITY OF TOWN Sharon		COUNTY	Mass.
	24 EI	INCRAL DIRECTOR				E DEC'D BY DECISTBAD	20 DECICED	AD'C CICNIAT	TUDE

SFP 1 0 1979

Danzansky-Goldberg Mem. Chap., Rockville, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))



completely filled in by the Is I and 2 should be filed with

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any |should be detoched for use os the burial-transit permit. |with the State Dept. of Health and Mental Hygiene prio TO FUNERAL DIRECTOR: After this certificate has been TENDING

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	3	0	8	0
			7	

		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG	NO.	tell (Section 1)	
-		EASED NAME	FIRST		MIDDLE	ī	AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
	(ITPE	OR PRINT)	Alma		H.	S	tern		Sept.	21	1979	914 AM
	3. SEX			4. RACE		5. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		Caucasi	an	Jan.		YEAR	81	YRS.	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OF	R FOREIGN 7	6 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARI	NED [	9 BALTIMORE CIT		Y OF DEATH	
7		shington,	D. C.	USA		WIDOWE			Montgam	erv		MD.
		Y OR TOWN OF D		1. NAME OF	HOSPITAL, NURSIN	IG HOME C		ION	12ª USUAL OCCUP	ATION		F BUSINESS OR
0	Ro	ckville	-100		aswood M		Center		Analyst-			Commerce
		L RESIDENCE (IF N	URSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		III III I			рорс.	COMMENT OF
5	100	ryland	Monta		Bethesda		13d. INSIDE CITY L	_	6308 Len		đ	
		THER'S NAME					15. MOTHER'S MA	IDEN NAM	Æ		100	
1	Wi	lliam	M	IDDLE	Hollande	ar .	Rosa		WIDDLI		Tanze	
	16a. W	AS DECEASED EVI			166 SOCIAL SECU		17 INFORMANT		ADI	DRESS	101100	
	No	ES, NO OR UNKNOWN)	N/A	WAR OR DATES)	579-42-54	456	Benjamin	Slav	in, 6308	[enox	Rd Beti	nesda. Md
ì		18 CALISE OF DE	1 -7	y one couse per	line for (o), (b), one		i i i i i i i i i i i i i i i i i i i	Dau.	11., 0300	DC11021 1		MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH	WAS CAUSED	BY.	Cerek	- 1	t/accor	nbo.	51.5		BETWEEN	LA ()
	1.1	11211	IMMEDIATE				10170		,, ,			
١		Conditions, if or	ny which	DUE 10, O	R AS A CONSEQUE	NCEOF	10-40	cins	clarosi:		1 2	Ulen
1		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								700 1		
	10	underlying cou		DUE TO, O	TONSEOUE	POLL I	sed m	rtec	ioscle	cosis		iun.
	-	PART 2 OTHER SI	GNIFICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO		NAL DISEASE OR CO		IVEN IN PART 10	0)
	N O	Dirilo	otes.	mell	1175	A5/	1DEC	HF				
	CERTIFICATION	190 DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		ES, WERE FINDI	
2	TIF								YES NOX		TIFYING CAUSES	NO [
1	E E	210. ACCIDENT WAS I		21b. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY	Y OCCURRE	ED (ENTER NATURE OF	VJURY IN ITEM 18,	, PART 1 OR PART 2)	
	AL	OR CONTRIBUTING	-		M. MOITH D	19						
	MEDICAL	21d INJURY OCCU	JRRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ADM ETC 3	21f. LOCATION		CITY OR	TOWN	COUNTY	STATE
	>	AT WORK AT	WHILE WORK	(**************************************	ALL, FACTORI, OFFICE, I	4						31012
		220 I certify that	(I) This hospite	ol) ottended th	e deceosed from	Jai	18 28	9 19	, to 500	+ 17	. 19 79	that (1) (we) last
		sow the dece	osed olive on	view the body	ofter death.	, or	nd that in my lour	) opinion de	eoth occurred on the	dote and ha	our and from the	couses stated
	_	221-SIGNATURE	1	71		15.51	DEGREE F		r. T. War	d.	22c. DATE	SIGNED
(			Kins	100	rows	_	MD ATTER	NDING SICIAN	MEDICAL S	TAFF SICIAN []	9-0	21-79
		22d. PHYSICIAN'S					22e. ADDRESS		neit uni			
		Dr. Jame	es Moor	e			207 Bro	oks A	ve., Gait	nersbu	rg, Md.	

23c NAME OF CEMETERY OR CREMATORY

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

Burial
24 FUNERAL DIRECTOR Danzansky-Goldberg Mem. Chap. Rockville, Md.

236. DATE

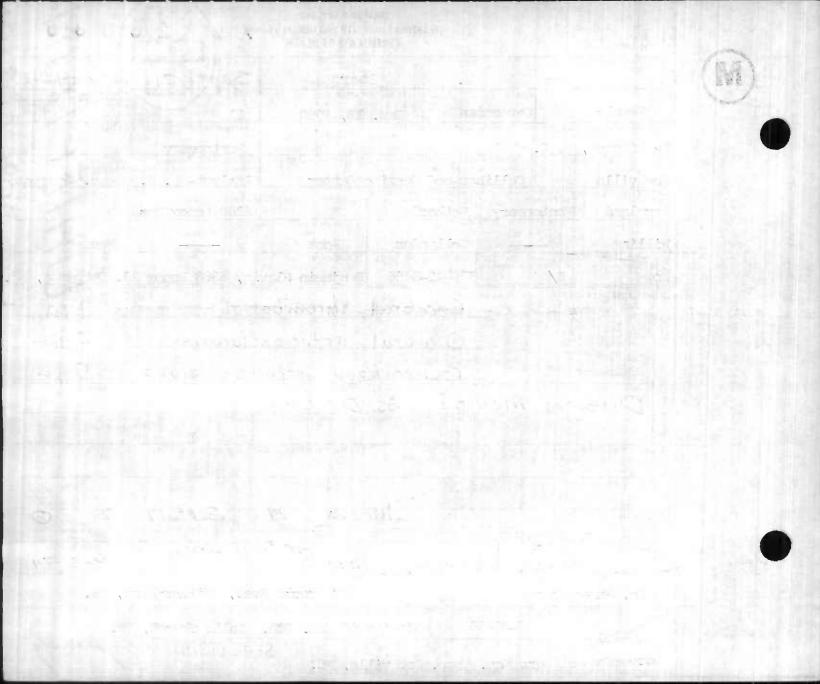
9-23-79

230. BURIAL, CREMATION, REMOVAL

Falls Church, Va.

STATE

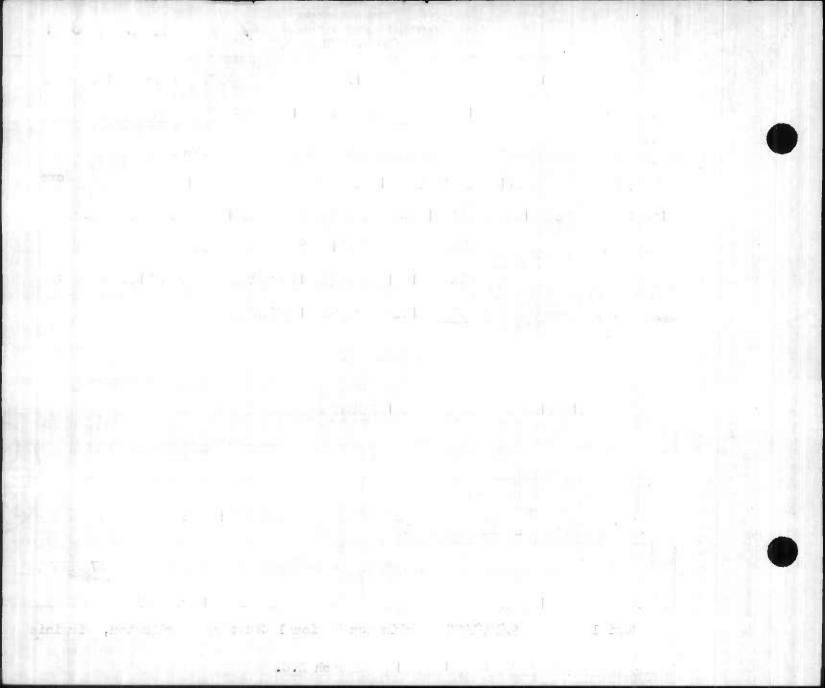
King David Mem. Gdn. 250. DATE REC'S BYREETISTERS 256. RESISTERES SIONA



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Poretained by the hospital or aftending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely filled in by the luminal dishold be detoched for use as the buriol-tronsit permit. Then please remove corbon papers. Pages I ond 2 the latter than the state Dept. of Heolith and Mental Hygiene prior to burial, cremotion, ar removal.	MPORTANT: If them 21 is morked ar them 18 shows ony injury, or other traumatic event, the medicohexamiliant the institution of the second of t
1 P 1	be be	A
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1 0	O Per	N -
5 9	F ~ 3	<

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	HYGIEN	Y REG. N	2	3	0 8	3 1	
		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST 2a			MONTH	DAY	YEAR	26 HOUR	
			BRADIE		BAKER		11TH		SEPT	16		1979	2330	М
	3 SEX			4 RACE	0.1.4.1	5 DATE C	DAY YEAR		(IN YEARS LAST BIR	THDAY)	MONTH	S DAYS	HOURS	4 HR5
4		INTHPLACE (STATE O		CAUCAS	WHAT COUNT	MAR	15 189			YRS		F 4 711		
2	100	OUNTRY) RKANSAS	R FOREIGN	U.S.	WHAI COUNT	MARRIE	D NEVER MARRIED	O Y BAL	TIMORE CITY O	<u> N</u> COUN	IY OF D	EATH		
7	-	ITY OR TOWN OF D	DEATH		HOSPITAL, NUF	WIDOWE RSING HOME C	DIVORCED  OR OTHER INSTITUTION		MONTGOM SUAL OCCUPAT		12	k KIND C	F BUSINES	MD.
1	DET	HESDA		(IF NOT IN SU	ICH FACILITY, GIVE ST	REET ADDRESS)		(TYPE C	OF WORK FOR MOST	OF WORKING		DUSTRY	Home	
2	ÜSÜ	AL RESIDENCE (IFN	URSING HOME OR		N. GIVE RESIDENCE BI	EFORE ADMISSION)	AL CENTER		OUSEWIF	_				_
/		STRICT OF	COLUME		WABHIN		13d Inside City Limits Yes 🔯 NO 🗌		REET ADDRESS	IFY F		= N V	ď	
1		ATHER'S NAME	_	MIDDLE	LAST	OLON	IS MOTHER'S MAIDEN		MIDDLE		L/IOI	LAS		_
1		SAMUEL	,	WIDDLE	BAKER		SIDNEY		BELLE		T	OWER		
-		VAS DECEASED EV		MED FORCES?	16b SOCIALS	ECURITY NO.	17 INFORMANT		ADDR	ESS				
5	N	10			578 46	1641	JOY SMITH	STARR	3000 F	IM XC	LL		MATE INTERV	V. V
	CERTIFICATION	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse 101, stating the underlying cause last  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  COMPLICATING ACUTE CEREBRAL INFARCTS												
	FICA	196. DATE OF OPE	RATION	196. CONDITION FOR WHICH OPERATIO			N WAS PERFORMED	AUTOPSY?	OPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			1?		
1	ERT	21a, ACCIDENT WAS	INDERIVING [	216 TIME	OF INJURY		21c. HOW INJURY OCC		NO D		YES 💢	D D + DT O	ио □	
/		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	.M. MONTH		210.110 14 1143011 000	LOKKED (ER	TER NATURE OF INJU	KT BATIEM TE	S, PARI I C	KPARTZ)		
	MEDICAL	(IF EITHER, NOTIFY ME 21d INJURY OCCU WHILE NOT AT WORK AT		21e PLACE	OF INJURY TREET, FACTORY, OFF	19 ICE, FARM, ETC )	211. LOCATION STREET		CITY OR TO	WN	cc	YIANG	STAT	τe
		22a. I certify that) sow the dece abave, X (we	XIX(this hospit osed olive on ) (did) (XiXIX	tol) ottended to	he deceased fro		IG, 197 id that in (XX (our) opini	79 , to ion death o	6 SFP	ote ond h	., 19 our ond		that X) (we couses state	
		22b. SIGNATURE	1 0	<			DEGREE	G MED	ICAI STA	e e		22c. DATE	SIGNED	
1		22d. PHYSICIAN'S	1	erge	2000	sevel	TATTENDING PHYSICIAN  1220 ADDRESS	DIRE	CTOR PHYSIC	CIAN		18 5	EPT 7	79_
		GFORGE (	200		C USN		NATIONAL N	IAVAL	MEDICAL	CENT	ER.	BETH	HESDA.	. MC
	23a. B	BURIAL, CREMATIO	N, REMOVAL	23b. DATE			EMETERY OR CREMATOR	RY 23d.	LOCATION		COUN	TY	STATI	E
		Burial		9/20/	1979	Arlingt	on National					-	rgini	a
		UNERAL DIRECTOR			ADDRESS			ALL RECY	BILLEGITRAR	25h REG	STRAR'S	SIGNAT	URE	
	GA	WLERS FUL	KERAL F	10ME 51	30 WISCO	NSIN AV	E Wash D.C.							



BP. DHMH - 17 (VR A15 ME (5)) 15M7/77

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR			DEPART		HEALTH	AND ME	NTAL H	F DEA	TH REG	2 3	0 8	2
		CEASED NAME E OR PRINT)	FIRST		WIDDLE			LAST			20. DATE KNOWN OF ESTI-	MONTH X		YEAR 2b. HOUR
	3 CFV		JOHN	( 0 175 05 0507)	MAR'			SMITH			DEATH MATED	□ 9-2		79 // M
	3. SEX	MALE	4. RACE	7-31-	58		RS.		HOURS		2c. DATE PRONOUNCED DEAD		-22-19	72
9		REIGN COUNTRY)  New Yo	ESYMP HIVE	76. CITIZEN OF WH	IAT COUN	ITRY?	8. MARRI WIDOW	ED NEVE	R MARRI	IED LA	9. BALTIMORE CIT  MONTO	OR COUNT		
0	10. CI	BETHE	OF DEATH	11. NAME OF HOS		TREET ADDRESS)	E, OR OTH		ON		ACST OF WORKING LIFE)	(TYPE OF WORK	OR IN	
8	13a S1		(IF IN HURSING HOME OR 13%, COUNT etts		13c. CITY	or town	ION)	13d. INSIDE CITY YES 🔀	LIMITS?		EET ADDRESS Fox Run L			
3			and C		Sm	LAST 1 1 Th	TY NO	15. MOTHER FIRST	arbar		ADDR		ndon	
3	(YE	S, NO. OR UNKNO	(IF YES, GIVE W 1976-	AR OR DATES)		52 01				orns	Records			
	2	18 CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a) stating the under-  lying cause last.  (c)  Nultiplie: Insultiple:											XIMATE INTERVAL L'ONSET AND DÉATH	
	TION		GNIFICANT CONDITIONS CO							RT 1 (a).				
9	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPERATION WAS PERFORMED?							20 AUTO		
3	MEDICAL CER	UNDERLYING	AG CAUSE OF DI		9-2	DAY YEAR	D	SSC nge		Con Con	MVolv-L		erde	17+
<	ME	WHILE AT WORK	NOT WHILE X	STREET, FACT	ORY, FARM, E	Jon.	es Bri	ilge Rd.	Wis	-AVe	Bethe	sdaM	ent40m	erg Mel.
15		22a. I certif death resulte	fy that I taak charge ed fram: Natura		Accident	-	Autap	sy 🔲, , Hamicia	Inspection le		Inquiry X, ermined manner	and in my as	oinian	
		ACTUAL SIGNATURE	Jet	mg.B	ell		M	D. De P	SCIEY)	MEDI	ICAL EXAMINER	DATE	Sept	23,1979
1		EXAMINER'S (TYPE OR PRIN	NAME JOH	nn G. Be	11			ADDRESS	lati	onal	Naval	Med.	Cente	er
	(5	Burial JNERAL DIRECT	TOR JIPI	9-28-79 marsh	Fe	orest	Gle	25	eter	Y.M	CATION DE TOMPO  RECHET RAIR 25b. R	Mass Edistrar's	CONTRACT	STATE
		Marsh	all Funer	al Home	Was	hingto	n, D.	C.						4

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-			1 -	FOR STATE REGISTRAR	DEF	STATE OF MAP PARTMENT OF HEALTH CERTIFICATE	AND MENTAL HYG	IENE 9	2 3	083	
	oy be page 3			CEASED NAME FIRST OR PRINT) William	4 RACE	Smith S DATE OF BIRTH	,	20 DATE OF DEATH A	79	YEAR 26 HO	15/AM
	rector		3 36	M	W		DAY YEAR	79	YRS		MIN
0	고 교일	lo)ouce		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	EVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
	deoth. unerol hin 72	:01	Mi	ssissippi	USA	WIDOWED	DIVORCED	Montgor		1.00	MD.
	ē 4 ×	notified //	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	JURSING HOME OR OTHE ESTREET ADDRESS)	r institution	120 USUAL OCCUPATION		126. KIND OF BUSIN	
	by the		Ta	koma Park		on Adventi	st Hosp.	Engineer		US Govt	
	nin 24 hours Iy filled in by should be file	er surse	13a. S M		other institution, give residence its comment of the comment of th	Spring YES	X NO □	13e STREET ADDRESS 1700 White	eoak D	rive,	
	with with a series of 2 d	\$50	14. FA	THER'S NAME FIRST	MIDDLE LAS		THER'S MAIDEN NAM	WIDDLE		LAST	
	To Te		14 - 1	Arthur VAS DECEASED EVER IN U.S. AR		mith L SECURITY NO. 17 INF	Ella ORMANT	ADDRES	c	Brooks	5
	be exected on ond s. Poges	ne medico			E WAR OR DATES)			Smith-wif		ne as 13	3e)
	death certificate attending physicia ove carbanpaper itian, or removal.	event, the		18 CAUSE OF DEATH 'Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (0), I		, Pag	state		BETWEEN ONSET AN	D DEATH
	ng p bang			IMMEDIAT	TE CAUSE 10)	reinome	0 1/10				
	ending e carbi	mot		185-	DUE TO, OR AS A CON	ISEQUENCE OF					
1	0 0 5 5	trou		Conditions, if any, which gove rise to immediate	(b)						
	c se v	ar ather troumotic		cause (0), stating the underlying couse last.	DUE TO, OR AS A CON	SEOUENCE OF					
				PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 1(a	
	9 s s	injury	ON		metas	taxes					
	low is ber ermit	Z ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS	PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDINGS USI G CAUSES OF DEA NO	ATH?
		tem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	DW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART	OR PART 2)	
	SING PHYS or attendin After this of e as the bure sith and Me	morked or b	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C		CATION STREET	CITY OR TOWN	N	COUNTY	STATE
	TTEN potol CTOR: for us	21 is		220 I certify that (I) (this haspi sow the deceased alive on abave, (I) (we) (did) (did no	(1 1 (1	7/3	) 19, 19 n (my) (our) opinian c	, to	te ond haur or		(we) last stated
	SPITAL OR A d by the hos VERAL DIREC be detached e State Dept.	VT: If Hem	9.	22b. SIGNATURE	m sno	W MO		MEDICAL STAFI	AN 🗌	22c. DATE SIGNED	9
	TO HOSPITAL OR retained by the MTO FUNERAL DIR should be detach with the State Der	MPORTANT		22d PHYSICIAN'S NAME (TYPE O	FRINT) SNOW N	. 0	ILVER	SPRING	ER A	1 2090	1
	E e E e	2		URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION CITY OR TOWN	COI	JNTY S	TATE
00	BP	_	P	urial	9-21-79	Parklawr	Cemeter	v Rockvil	le Mo	atgomery	y M

DHMH - 16 50M 1/76

Pumphrey, Incomes, (VR A 15 (4))

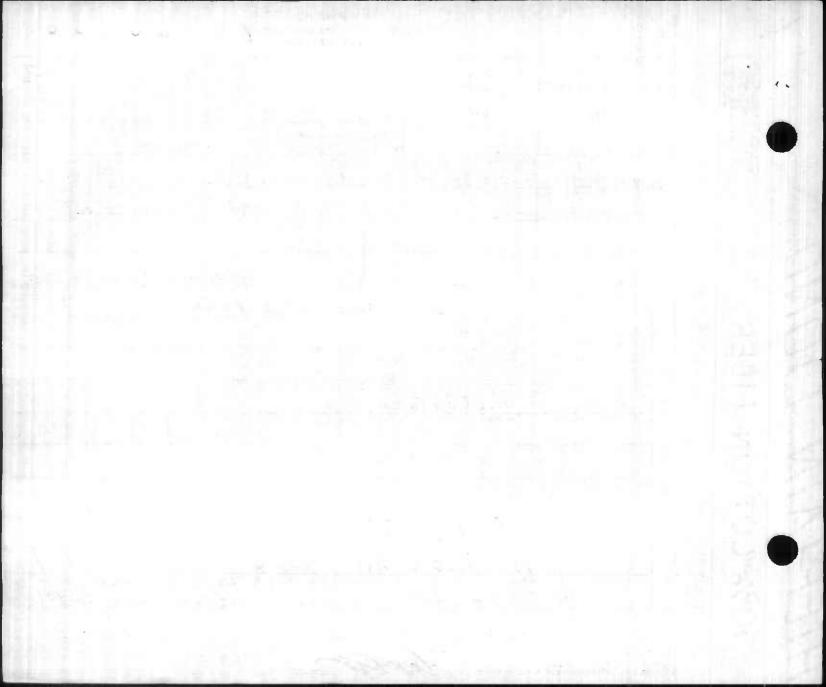
Md

Parklawn Cemetery Rockville Montgomery

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SEP 2 4 1979

LUCASIA



#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3084

	1 -	REGISTRAR				CERTIF	CATE OF DEA	TH	REG. NO		9	
		CEASED NAME	FIRST	WIDDLE		L/	AST		20 DATE OF DEATH	NONTH DA	AY YEAR	26 HOUR
	,,,,,		VIRG.	NIA V	10.	5 NO	ec )		9/24	179		12-A.M
	3 SEX			RACE		5 DATE O	F BIRTH		AGE (IN YEARS LAST BIRTH	-	FUNDER YEAR	IF JNDER 24 HRS
		F		Cauc.		MONTH		YEAR 190	8-9	YRS.	ONTHS DAYS	HOURS MIN
0		RTHPLACE (STATE COUNTRY)	OR FOREIGN 76	CITIZEN OF WHA	T COUNTRY?	8 MARRIET	NEVERMAR	RIED [	BALTIMORE CITY OF	COUNTY	OF DEATH	
1		w York	e	USA		WIDOWE	_/		MONT	GUNE	ZY	MD.
	10 CI	TY OR LOWN OF	DEATH 11.	NAME OF HOSE			R OTHER INSTITUT	ION	120 USUAL OCCUPATION			F BUSINESS OR
0	Se	luce of	ring a	Ethen, C	A A /	and	neusing	Home.	Houselle	Q'i	1140001111	
-	USU A	AL RESIDENCE (FE	URSING HOME OR OTH	ER INSTITUTION, GIVE	RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY L	IAATTS2	13e STREET ADDRESS			
5	2	nd	mor	1	ahoma	Park	YES NO		705/ Ca	nall	Cerre	
	14 FA	THER'S NAME				- 11	15. MOTHER'S MA	IDEN NAM	E			
0	0/	Venry	VI	2n	Dall		MC	ry	MIDDLE		4oc	eng.
1		VAS DECEASED EN			SOCIAL SECUR	RITY NO.	17 INFORMANT	,	ADDRES	SS	/	an
		No		0	60-05-	-969	Richm	and	mour, 191	4 ROO	1 Oak	G. Cell
			ATH Enter only o		for (o , (b), and	10		,		14.1	BETWEEN C	MATE INTERVAL
		PARTI. DEAT	IMMEDIATE C	AUSE (a)	Oncesti	ve 1	Heart 1	Failur	•		Jeres	rel wask
		4371	)	DUE TO, OR AS	A CONSEQUE	NCE OF					1000	
-		Conditions, if o		(b)								
		gove rise to		DUE TO, OR AS	A CONSEQUE	NCE OF		E				
		underlying co	use last	Ce.	reprova	Seulz	r + Card	12550	Icr Arteria	scheros	is Year	3
	13	PART 2 OTHER S	IGNIFICANT CON	DITIONS CONTR	RIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR COND	ITION GIVE	N IN PART 10	
	CERTIFICATION	Ch,	onic Br	rain Syr	drome	-						
)	CAI	190 DATE OF OPE				OPERATION	WAS PERFORME	D	200 AUTOPSY?		WERE FINDIN	
	TIF								YES NO	YES		NO [
>	-	210. ACCIDENT WAS		216. TIME OF INJ	MONTH DA	Y YEAR	21c. HOW INJUR	OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PAI	RT 1 OR PART 2)	
	NEDICAL	OR CONTRIBUTING (	_	P.M.	J. J. J. J.	19						
	AEDI	21d INJURY OCC	URRED	21e. PLACE OF IN		RM, ETC.)	211 LOCATION STREET		CITY OR TOWI	7	COUNTY	STATE

270. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on 19 above. (I) (we) (attack the body after death 27b. SIGNATURE

WHILE AT WORK

FOR

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completely filled in by the fi

Pages

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certificate hos been

After this

ned by the haspital

JG PHYSICIAN: The attending physicion

OR ATTENDING e hasputal or att

IO HOSPITAL

or remo

ould be detached for use as the burial-transit permit. Then please remave ci It the State Dept. of Health and Mental Hygiene prior to burial, cremation,

ORTANT: If Item 21 is morked or Item 18 shows any

injury, ar other traumotic event, the

pe

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated

66

1AFF
SICIAN | 9-24-

that (I) (we) last

RUBERT B.

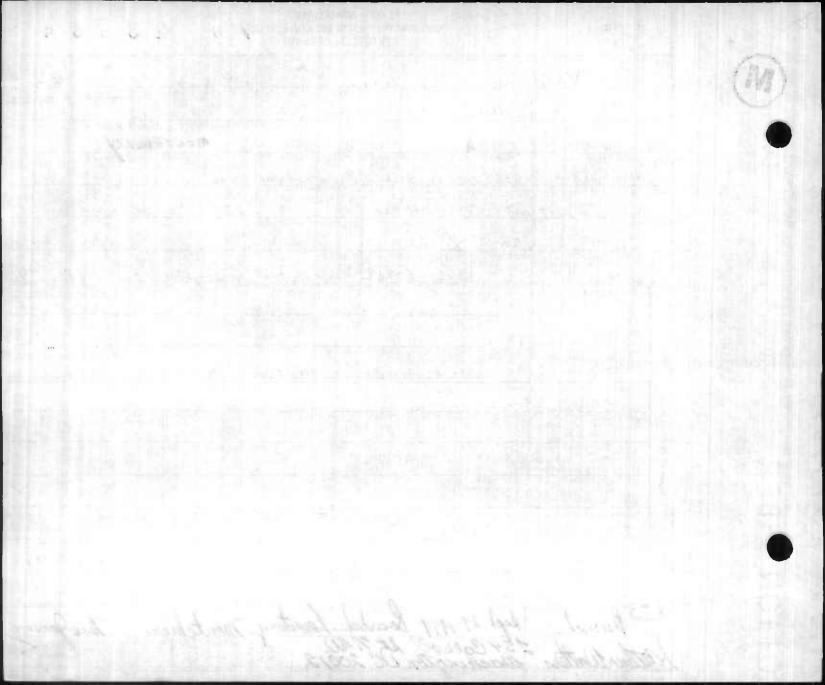
NOT WHILE

IREY

72e ADDRESS

11161 New Hampshire Ave, Silver Spring, Me

DHMH - 16 60M 1/75 (VR A 15 (4)) 24 FUNERAL DIRECTOR 154 CORNER STAR TO SEP 27 1919



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hour after deoth. Top 1 may retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compilarly illicid in by the thining should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages and 2 should be that within 72 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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BP\_ DHMH - 16 50M 1/76 (VR A 15 (4) )

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DE C	NO				

FOR STATE REGISTRAR	DEP		LTH AND MENTAL F		2 5. NO.	3 0	8 5
I DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEAT		DAY YEAR	26 HOUR
Augus	tus 0.	STANLEY	, JR.	Sept.	4	1979	7:20P M
1.5EX	4 RACE	5 DATE OF E	BIRTH YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAY	
Male	Caucasian	July	1 1904	75	YR:		
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED [	NEVER MARRIED	9 BALTIMORE CI	Y OR COUN	TY OF DEATH	
Kentucky	USA	WIDOWED		☐ Montgom			MD.
NO CITY OR TOWN OF DEATH  Bethesda	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE National Nav			120. USUAL OCCU (TYPE OF WORK FOR M ATTORNE	OST OF WORKING	G LIFE) 12b. KIND IND/JSTR	S.B.A.
USUAL RESIDENCE (IF NURSING HOME 130 STATE 110 COI Fa	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY OR Falls		INSIDE CITY LIMITS	? I3e STREET ADDRE		d	
14 FATHER'S NAME	MIDDLE LAS		MOTHER'S MAIDEN				AST
Augustus 0.	Stanley,		Sue		S	oaper	
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G YES WW	ARMED FORCES? 166 SOCIAL NEW WAR OR DATES) 16 Korean 230 50	SECURITY NO. 17 0 9569 M	Informant Ir. Thomas	Sch Stanley	3108	ington, 13th St	Va. . South/
	DUE TO, OR AS ONE	G TO DEATH BUT NO	OT RELATED TO THE TI				
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION V	VAS PERFORMED	200 AUTOPSY?  YES ☑ NO[	IN CER	YES, WERE FIND RTIFYING CAUSE YES K	
	DEATH HOUR A.M. MONTH	DAY YEAR	Ic HOW INJURY OCC	CURRED (ENTER NATURE OF	INJURY IN ITEM	18, PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF LEGISLATING THE FITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	PFFICE, FARM, ETC.)	II LOCATION STREET	СІТУ С	RTOWN	COUNTY	STATE
	pital) attended the deceased from Sept. 4		, 17	9, to Sept ion death occurred an t	4 ne dote and l		ne causes stated
27h SIGNATURE / 19	1	DEC	GREE	C MEDICAL	CTAFF	22c. DA	TE SIGNED
Mark.	rown	Ť.		MEDICAL DIRECTOR PH	STAFF YSICIAN (	Sep	+. 6,1979
Mark D. Br	owning, M.D.	2	National	Naval Medic	al Cer	nter, Be	thesda,Md.
230. BURIAL, CREMATION, REMOVA			ETERY OR CREMATO			COUNTY	STATE
Burial	9/10/1979	Arlington	n National	Arlin	gton	Arlingt	on Va.
24 FUNERAL DIRECTOR	ADDRE			DATE REC'D. BY REGIST	RAR 25K REG	ISTRAR'S SIGN	ALURE
Jos. Gawler So		ington D	C	- 1 1 1979	1000	1	

### FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

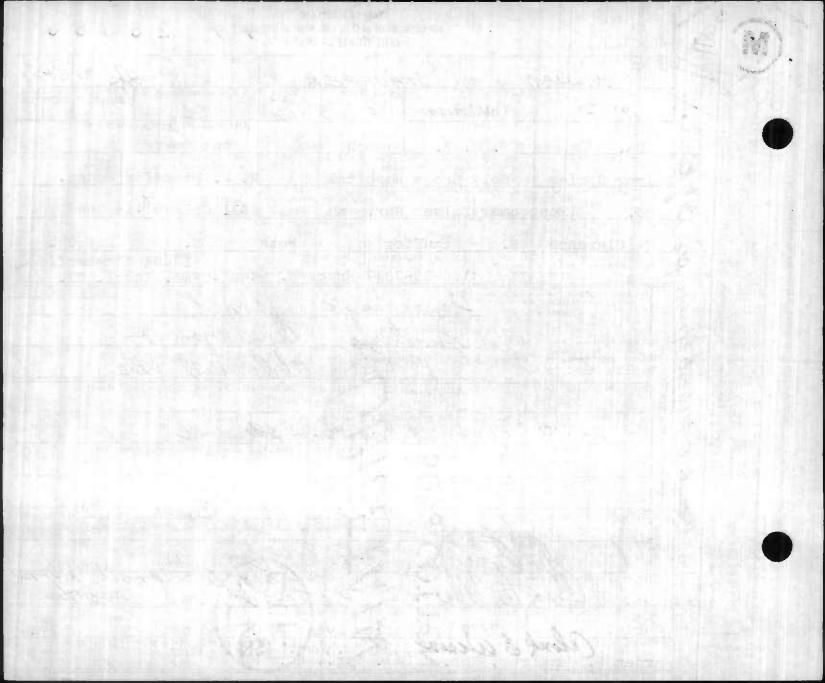
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2	_					REG. NO.		
24	I_DE(	EASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26.	HOUR
	(TYPE	OR PRINT)				9_	21 70 3	:45 p.
0.0		WILLIAM	7 J.	TAUFI	FER	/- (	30C 19 3	· 73 PM
01	SEX		4 RACE	5. DATE OF E	BIRTH 1913	6. AGE (IN YEARS LAST BIRTHDAY)		NDER 24 HRS
64	Part.	m ale	Calleusian	MONTH		//	MONTHS DAYS HOL	JRS MIN.
2 - 0		/// are	Cancasiano	8	13 6Kd	66 YRS		
2 4 0		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY OR COUN	TY OF DEATH	
D 21 650 5	CC	DUNTRY)		MARRIED	□ NEVER MARRIED □			
2 3/2 1		Pa.	# U. S. A.	WIDOWED [	DIVORCED [	Montgomery		MD.
++ 6/0	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BU	SINESS OR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			(IF NOT IN SUCH FACILITY, GIVE ST			(TYPE OF WORK FOR MOST OF WORKING		
2 30 05	S	lver Spring	Holy Cross	s Hospi	tal	V. P. Stauffe	er Const.	
5 % 5	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)				
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言語はん		Md.   Mont	tgomer Silve:	r Spr.	YESAS NO 🗌	8811 Colesvil	Lie Road	
3700	14. FA	THER'S NAME		15	MOTHER'S MAIDEN NAM	AE .		
100 A		FIRST	MIDDLE		FIRST	MIDDLE	LAST	
きずんむ か		Clarence	S. Stau	ffer	Ruth	Ε.	Siefer	t
340 3 7	16a. V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SI	ECURITY NO. 17	7 INFORMANT	APDRESSOA	Chesterf	iold.
10 19 4	()		E WAR OR DATES)			14404	Chesteri	Tera
- I -	-	Yes WW	II  160-1	8-7397	Bruce E. S	taufferRd. Ro	kvl. Md.	
35-4 2		19 CALISE OF DEATH (Enter or	nly ane cause per line for (a), (b).	and (c) \		//	APPROXIMATE BETWEEN ONSET	INTERVAL
Second R		PART I. DEATH WAS CAUSE	D RY.	~//	2:20	1/2 0/	BET WEEN ONSET	ANDDEATH
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E E E B B		Conditions, if any, which	(b) // (L)	MINIER	0010	and form of		
1515.		gove rise to immediate cause (o), stating the	DUE TO, OR AS A CONSE	mesicahar	_//	1 0 1	1	
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o a g	6	9 22.19	KUPHURE	& anger	serm of los	THE STATE OF THE S		
Sh to the	CERTI	21g. ACCIDENT WAS UNDERLYING	7 218 TIME OF INJURY	/			YES N	ОП
SOI WIN	O	Alfi vecipent and properties			71, JOHN INTERPLOCATION	7		0 🗆
The state of the s	_	OR CONTRIBUTION TO CAUSE OF DE			21c. JOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM )		<u> </u>
the state of the s	<	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. FOW INJURY OCCURR	7		0 🗍
erthfi miol-tr	OICA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	0	7		0 []
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ALDIRECTOR After the certificated for use or the buriol-transport and warron.  Them 21 is marked as form.	MEDICA	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK  22a. I certify that (I) (this haspi	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 ice, FARM, etc.) 2 m 9, and i	that in (my) (our) opinion of	CITY OR TOWN	COUNTY  19  , that	STATE (1) (we) lost es stated
ERAL DIRECTOR: After this certification of introduction of the business of the	MEDICA	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE NOT WHILE AT WORK AT WORK 22a.I certify that (I) (this haspi	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 2 ICE, FARM, ETC.) 2 DE	TIF. LOCATION STREET  That in (my) (our) opinion a  GREE  ATTENDING PHYSICIAN	CITY OR TOWN  19  death occurred an the date and h	COUNTY  19  , that	STATE (1) (we) lost es stated
UNERAL DIRECTOR: After this certificate of the formation of the formation of Meeting and Meeting of REAMS, if them 21 is manked or flowing them.	MEDICA	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK  22a. I certify that (I) (this haspi	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 2 ICE, FARM, ETC.) 2 DE	that in (my) (our) opinion of	CITY OR TOWN  19  death occurred an the date and h	COUNTY  19  , that	STATE (1) (we) lost es stated
D FUNERAL DIRECTOR: After this certification of the buriolist the detached for use or the buriolist the the Stone Day, of Health and Member 1909/LAME If them 21 a marked or form.	MEDICA	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE NOT WHILE AT WORK AT WORK 22a.I certify that (I) (this haspi	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 2 ICE, FARM, ETC.) 2 DE	TIF. LOCATION STREET  That in (my) (our) opinion a  GREE  ATTENDING PHYSICIAN	CITY OR TOWN  19  death occurred an the date and h	COUNTY  19  , that	STATE (1) (we) lost es stated
TO FUNERAL DIRECTOR: After this certification when the Store Dept. at Health and Member WIPORTANT, if hem 21 is marked as hem?		(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHIE NOT WHIE AT WORK  22d. I certify that (I) (this hasping the deceaded diverse of the de	HOUR A.M. MONTH P.M.  21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF ital) attended the deceased fro	DAY YEAR 19 2 ICE, FARM, ETC.) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	that in (my) (our) opinion of GREE  ATTENDING PHYSICIAN (22e ADDRESS & 3)  PARTICIPATION (1997)	CITY OR TOWN  CITY OR TOWN  TO STAFF  DIRECTOR PHYSICIAN	COUNTY  19  , that	(I) (we) lost es stated NED
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TO FUNERAL DIRECTOR: After this certification is a state of the buriolist with the State Dept; at Health and Mental IMPORTANT, if hem 21 is marked or hem?	23a. E	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF  ital) attended the deceased from the body after death  23b. DATE  2	DAY YEAR 19 2 ICE, FARM, ETC.) 2 31. NAME OF CEM Charles	that in (my) (our) opinion of GREE  ATTENDING PHYSICIAN (27e ADDRESS & 3)  WETERY OR CREMATORY  E Vans Cem	CITY OR TOWN  19  Leoth occurred an the date and h  MEDICAL STAFF DIRECTOR PHYSICIAN    230 LOCATION CITY OR TOWN  Reading	COUNTY  COUNTY  19 3, that lour and, from the causs  22c. DATE SIGN  9/22/A  COUNTY	STATE  (I) (we) lost es stoted  NED
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DHMH - 16 50M 7/77 (VR A 15 (4))

ATTENDING PHYSICIAN: The lo d 19 physician.

TO HOSPITAL



requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

toined by the hospital or attending physicia

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medicologom

(SPECIFY)

Burial

must be notified at once.

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# STATE OF MARYLAND

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	DEC N	10				

	- STATE REGISTRAR				LTH AND MENTAL HYGI ATE OF DEATH	REG. NO	2 3	0 8	
	1. DECEASED NAME FIRST		MIDDLE	LAST		20 DATE OF DEATH		DAY YEAR	2b. HOUR
i	JACOB		S	TEAR	MAN	Septembe	er 16	,1979	12:15 a
	3 SEX	4 RACE		DATE OF B		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White		Jan.	17, 1902 1902	77	YRS.	MONTHS DAYS	HOURS MIN
7	7a BIRTHPLACE ISTATE OR FOREIGN COUNTRY) RUSSIA	76 CITIZEN OF		ARRIED 5	NEVER MARRIED L	9 BALTIMORE CITY O		Y OF DEATH	
2	10 CITY OR TOWN OF DEATH  Rockville	11. NAME OF	HOSPITAL, NURSING HEAFACILITY, GIVE STREET ADDR	OME OR (	OTHER INSTITUTION	Montgo 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Salesman	ON	12b. KIND O INDUSTRY Liq	F BUSINESS OR
7		ROTHER INSTITUTION NATY	13c CITY OR TOWN Rockville	113	d. INSIDE CITY LIMITS?	13. STREET ADDRESS 261 Cong.	ressi		
1	14 FATHER'S NAME FIRST Ellis -	MIDDLE	Stearman	15.	. MOTHER'S MAIDEN NAM FIRST	(unknown)		LAST	
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY	NO. 17	INFORMANT	ADDRE	SS Roc	kville,	Md.
	No -	WAR OR DATES	578-01-536	1A F	Rose Stearman				
	Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT (  19a DATE OF OPERATION	(c	R AS A CONSEQUENCE	H BUT NO		20e AUTOPSY?	20b. IF YES	S, WERE FINDIN	IGS USED OF DEATH?
	O CONTRACTOR OF CALLES	HOUR A.	FINJURY M. MONTH DAY M.	YEAR	L. HOW INJURY OCCURRE	YES NOW	YE Y IN ITEM 18, P		но 🗌
	OR COTHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE		21	f LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
	22s I certify that (I) (No. hospital saw the deceased alive at above, II and (did no 27s SIGNATURE	Sente	mber 13077		, 19 75 hot in (my) (aux) opinion de GREE ATTENDING	MEDICAL STAF		r and from the c	SIGNED
-	22d. PHYSICIAN'S NAME ITYPE O	R PRINT)	aun	22	PHYSICIAN AND PHYSICIAN	DIRECTOR   PHYSIC	IAN [	9–16	-19
	AARON H.	TRAUM, I	M.D.		8915 Georgia	Ave., Sil	ver S	ring,	Md.
П	230 BUDIAL OPENATION DEMOVAL	22h DATE	1 22. NIAAA	COC CEAL	ETERY OR CREMATORY	1224 LOCATION			

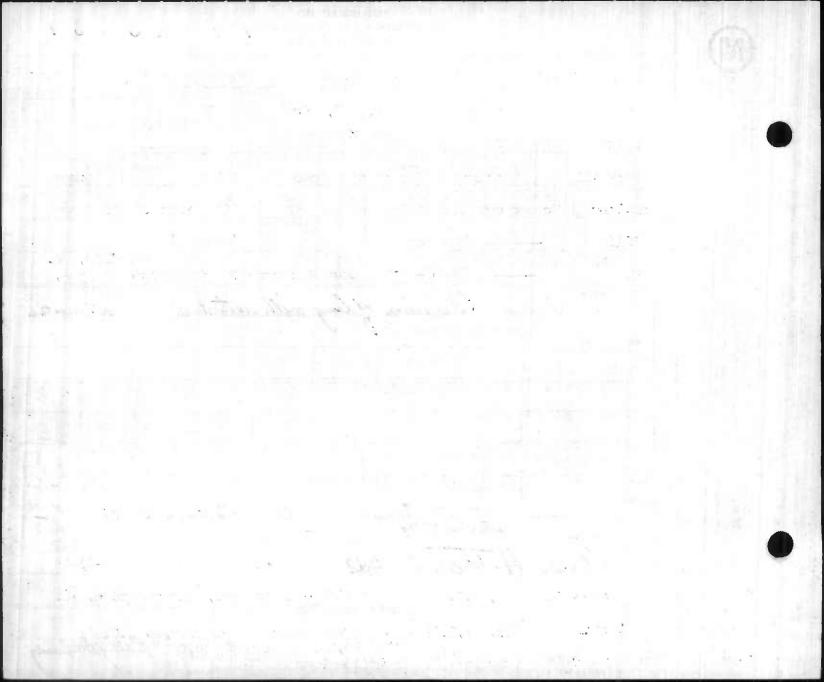
DHMH - 16 60M 7/73 (VR A 15 (4))

CITY OR TOWN

COUNTY

18.197 D. C. Lodge Cemetery Washington D. C. Rockville, Md. 256. DAJE REC D. BY REGISTRAS 256. REC. 1170. Declaritle Dike

24 FUNERAL DIRECTOR Danzansky-Goldberg Chapels; 1170 Rockville Pike



DIVISION OF VITAL RECORDS, 201 W. PRESION SI., BALLIMORE, MARTILAND 21201	
OIO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after around the certificate by the hospital or attending physician.	the death Page 4
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the tuneral allowed should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hourses with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral difects d within 72 hours at
IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other traumatic event, the medical examiner must be notified of ance.	ified of ance.

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

	1-	FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HYC CATE OF DEATH	REG. N		0 8	3 8
		OR PRINT]	ristine	MIDDLE	Stick	ley	Sept. 18		, ican	12 30 M
		Female	4 RACE Cauca	asian	A MONTH	17°, 1893	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	7a. BII	RTHPLACE (STATE OR FORE	USA	WHAT COUNTRY?	MARRIED WIDOWE	DIVORCED	9. BALTIMORE CITY 9			MD
20	В	ethesda	Carriag	e Hill-Be	thesd	ROTHER INSTITUTION  A Cedar Lane	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW	ION DEWORKING LIFE!	INDUSTRY	ome for
5	130 S	là.	GHOME OR OTHER INSTITUTION  TO THE COUNTY  HONT G.	Chevy C	1 4	13d. INSIDE CITY LIMITS? YES NO 🗌	3702 Ma	nor Ro	d. <	
50	14 FA	THER'S NAME FIRT Ohn	MIDDLE	Lowe		15. MOTHER'S MAIDEN NA	WIODIE	- 4	Lac	
1	16a W	VAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR OATES)	074-07		D Louise H	. Young	6404 M Bethes	Maider da. N	n Lane
	ATION	Conditions, if ony, v gove rise to immer couse (a), stoting underlying couse	MMEDIATE CAUSE (b)  DUE TO, O  which diote the DUE TO, O  lost (c)  FICANT CONDITIONS CO	RAS A CONSEQUE  RAS A CONSEQUE  MALLOT  ONTRIBUTING TO D	ENCE OF WALL	Lockey  Cockey  of colon  NOT RELATED TO THE TERM	AINAL DISEASE OR COM		3:	
2	CERTIFICATION				OFERATION		YES   NO	IN CERTIFYII	NG CAUSES	OF DEATH?
7	MEDICAL CE	21a. ACCIOENT WAS UNDER OR CONTRIBUTING CAL. (IF EITHER, NOTIFY MEDICAL! 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (1)	USE OF DEATH EXAMINER)  D  21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	21f. HOW INJURY OCCUR	RED (ENTER NATURE OF INJECTITY OR TO		COUNTY	STATE
		sow the deceased above, (A) (www) (did 27th, SIGNA) LIPE	olive on Sept (did not) view the body	after death.	-	d that in (my) (off) opinion DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS  8218 Wisc	MEDICAL STA	.FF CIAN []	22c. DATE	18/29
	(	URIAL, CREMATION, REFERENCE	Sept.	18, 19	79 1	METERY OR CREMATORY Metropolita		Alexa	ndrja	Va.
	24 FL	Homes, P.	A. Bet	Pumphre hesda,	y Fun Md.	ieral 250. DAT	EP21 1979	25b. RECOSTR	RS SIGNA	Cherry

No. of	Sept. 18, 1979		tickle	.I onit	e inni	
			. TeA ma.			rest.
	vánual ván vyánol					.31/
andle	Nousowifu	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	normite-II:	opoirm.	séa [	ile the
	3782 Manor Ka.		อะหาเม จังง		20/4	bla
856	J.	sxuod	owo.l		Jenn	
	Young Methorals.					ŭ.
			- 1 1.01			
	XX					
	XX					

Gremation Sept. 18, 1979 Netropolitan Cres. Alexandria, va. Rubert A. Pusphroy Dineral Screwings, V.A. Sethesda, V.

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	9
-	LAST 12 DAT	OFD

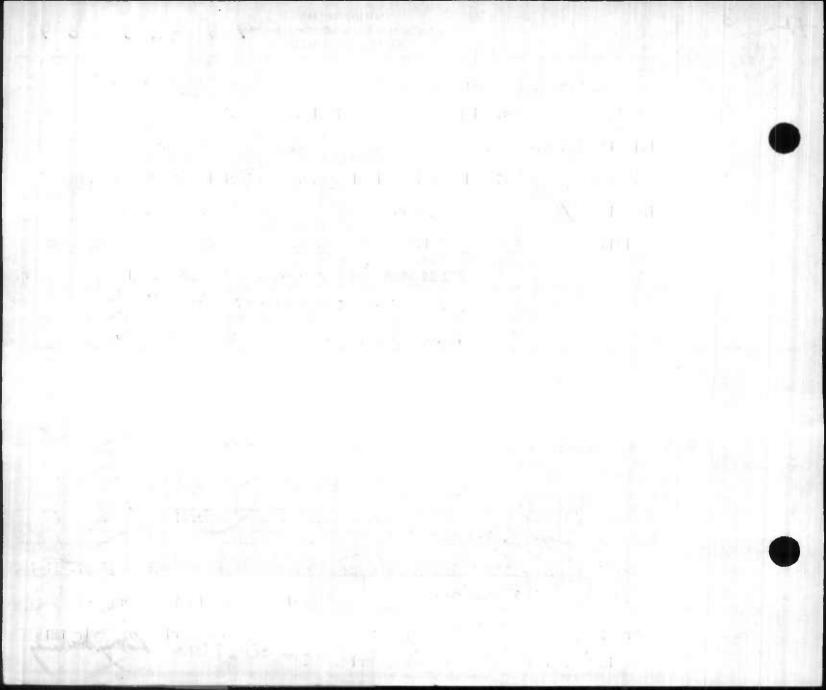
1	(1)	9	~2	17	0	(3)
	7	60	0	U	0	7
	REG.	NO.				

1 - FOR STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 3 0 8 9  CERTIFICATE OF DEATH									8 9
	ECEASED NAME FIRST	F	WIDDLE	l.	LAST	112 01 1		DAY YEAR	2b. HOUR
(	Jane	S.		Sto	ne	Septembe	er 10	1979	8:45P M
3. SE	:X	4. RACE Caucas i an		Sept. 25 1917		6 AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER I YEAR	
	Female					61 YRS MONTHS DAYS HOURS MIN			HOURS MIN
70 B	IRTHPLACE (STATE OR FOREIGN 7	76. CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		9 BALTIMORE CITY		OF DEATH	
	hilippine Islands USA		WIDOWE		Montgor	nery		MD.	
1	Bethesda 11. NAME OF HOSPITAL, NURSING HOW (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS National Naval Med			ADDRESS)		126 USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING LIFE) Social Worker  12b. KIND OF BUSINESS OR INDUSTRY American Red			
V	AL RESIDENCE (IF NURSING HOME OR C STATE IBL COUNT 'irginia	)THER INSTITUTION, [Y	GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Alexand	ADMISSION)	YES 🔀 NO 🗌	13e STREET ADDRESS 212 Greer	n Stree	et	Cross
14 FA	William J Smith			13 MOTHER'S MAIDEN NAM First Kathryn	unknown		unk	unknown	
16a. V	WAS DECEASED EVER IN U.S. ARM	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR			Va
`	No	100 0 0	572 24 9	723	Ms Mary La ${f r}$ so	n 806 South	n Roya	1 St. A	Nexandria
	PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE 10)  DUE TO, OR AS A CONSEQUENCE OF course in immediate cause (a), stating the underlying cause last.  DIE TO, OR AS A CONSEQUENCE OF cause (b)  DUE TO, OR AS A CONSEQUENCE OF cause (c), stating the underlying cause last.  (c)								
NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								
CERTIFICATION	190 DATE OF OPERATION	TE OF OPERATION 196 CONDITION FOR WHICH OPERATI			N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO NO NO			OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P./	m. Month da m.	AY YEAR	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, PACTORY, OFFICE, FARM, ETC.)		ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	220. I certify that (/ (this haspital) attended the deceased from Sept 5 19 79 to Sept 10 19 79 that (/ (we) lost saw the deceased olive on Sept 10 19 79 and that in (m/) (our) opinion death occurred on the date and hour and from the causes stated above. (tr/(we) (did) interval we body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN Sept 11,1979  22d. PHYSICIAN'S NAME (type-or PRINT)  22d. PHYSICIAN'S NAME (type-or PRINT)  National Naval Medical Center, Bethesda, Md.								
230 5	BURIAL, CREMATION, REMOVAL	23b DATE		LAME OF C	National Na	123d LOCATION	Cent	er, Bet	rhesda,Md.
230. 0	(SPECIFY)	9/13/1	10-0			CITY OR TOWN		COUNTY	STATE
24 FL	Burial UNERAL DIRECTOR JUNEAU DeMaine Funera	war	ental		y's Cemetery dria, Va.	Alexand	ria 25b. RE	tryth	rginia

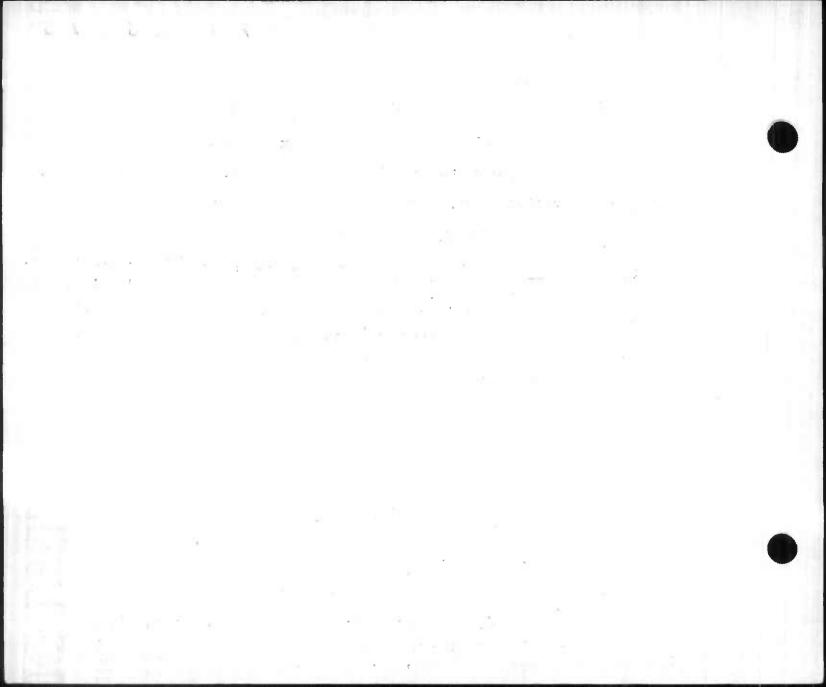
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IMPORTANT: If them 21 is morked ar Item 18 shaws any injury, or other troumatic event, the

DHMH - 16 50M 1/76 (VR A 15 (4))



	-1	,	FOR		DEPARTA		EALTH AND MENTAL	L HYGIENE	7 9	2	3	0	9 0	
		L.	STATE REGISTRAR				CATE OF DEATH		REG	. NO.	9	9	, ,	ġ.
9 E 44			CEASED NAME OR PRINT)	EM. STO	NE	l.	AST	190	ATE OF DEATH	79	DAY	YEAR	2h. HOUR 850	M
and of the state o		3. SE	remale	WHITE		S. DATE O			78	BIRTHDAY) YRS.	MONTHS	DAYS	HOURS MI	
	59	7e. BI	Michigan	USA  WHAT COUNTRY?  MARRIED   NEVER MARRIED    WHOWED   DIVORCED				Montgomery MD.						
rs offer of by the fulled — the notified	70	J	Bethesda	11. NAME OF HOSPITA	ban F	lospi	rother institution tal		SUAL OCCUP OF WORK FOR MO Tetire		LIFE) 12b.	LICTON	BUSINESS Tech.	
filled in ould be impost be	59	USU/ 13a S	RESIDENCE (F NURSING HOME LATE lichigan	or other institution, give restoration (1315)	OR JON	ADMISSION)	134 INSIDE CITY LIMI YES NO	ITS?   13e S	TREET ADDRES	hingto	on A	venu	.e	_
mpletely and 2 sh	729	I4 FA	THER'S NAME LaVern	Middle Mit	Mitchell Libys Marry						24		ark	_
on and ca Pages 1	3		VAS DECEASED EVER IN U.S. (15 YES, C)		16 3		17 INFORMANT Pauline Ma	arstel	ler	Vienr	1a. '	Va.	ews D	
rtificate by physician ampapers. emavol.			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED!	only one couse per line for ( SED BY. ATE CAUSE (o)	Ter		e cerebra	e mi	ombo				NATE INTERVAL NSET AND DEA	ТН
death ce offending ove corbi			3319 Conditions, if ony, which	DUE TO, OR AS A C	ONSEQUE	NCE OF	atople	7.				5	ins	
that the day the case remo			gove rise to immediate couse 101, stating the underlying cause lost.	DUE TO, OR AS A C	onseque	NCE OF						0		
signers signer blen pl		CERTIFICATION	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBU	TING TO E	EATH BUT	NOT RELATED TO THE	E TERMINAL C	ISEASE OR CO	ONDITION G	IVEN IN F	PART 1(o	1	
he law re an. hos been i permit. T ene priar	2		19a DATE OF OPERATION	19b. CONDITION FO	R WHICH	OPERATION	N WAS PERFORMED	'''	AUTOPSY?	IN CERT	ES, WERE		GS USED OF DEATH?	
itySICIAN The ding physicial is certificate h burial-transit Mental Hygiei ar item 18 shav	9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	EATH HOUR A.M. MO	NTH DA	Y YEAR	21c HOW INJURY OF	CCURRED (E	NTER NATURE OF I	NJURY IN ITEM 18	, PART 1 OR	PART 2)		_
OF PHYS offer this of the burned Me		MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO	RY RY, OFFICE, F.		211 LOCATION STREET	_	CITY OR	TOWN	cou	NTY	STATE	_
hospital or RECTOR. At hed for use a ppt of Health fem 21 is mai			220.1 certify that (1) (this has sow the deceased alive a phase (1) (we) (did) (did		19	-	d that in (my) (our) op	pinion deoth o		N/79 e date and ha	, 19		hot (I) (we) l	
F Doct			22b. SIGNATURE	S Y	10.		MA ATTENDI	ING MED	DICAL S	TAFF	22	9/12	IGNED 179	_
retoined by the TO FUNERAL (should be detoined by the State (MPDR).	1		226. PHYSICIAN'S NAME (TYPE	ORPRINT) CEKAGUZ	_ ′	us	22e ADDRESS		yton o	- 4	Sette	, 20	7 lue	20
Bb 5 d www.		23e B	URIAL, CREMATION, REMOVA PECIFY) Burial	23b. PATE 9/15/79	23c. N	lame of ci	METERY OR CREMAT POVE Cemet	tery 23d	LOCATION	Louis	c distant	chig	an STATE	_
DHMH-16 20M (VRA 15, 4) 7/2	١ .		NERAL DIRECTOR Tyso	n Wheeler F	unera ville	al Ho	me 254 • S	EP14	D. BY REGISTR	1//	TRAR'S	100		_



requires that the death certificate

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

1 -	FOR STATE REGISTRA
DE	CEASED NA

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

9	2	3	O	9	
	- Charles		-	7	7

	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
	1. DECEASED NAM TYPE OR PRINT)			WIDDLE	ı	AST	20 DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
		Willi	am	G.	Stro	hlein	September	6, 1979	1:00
	3. SEX		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	IF UNDER 24
	Ma	le	Cauc	asian	Dec		29	YRS.	HOURS
	70. BIRTHPLACE (ST	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
109	NEW Y	ORK	U. 3	S. A.	WIDOWE		Montgomer	y County	
	10 CITY OR TOWN	OF DEATH			IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	N 12b. KIND	OF BUSINESS
00	Germant	own	13095	Open H	eartl	n Way	Field Eng.	. Bus	. Mac
26	USUAL RESIDENCE	(IF NURSING HOME O	other institution nty	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	en Hearth	
$\sim$	14. FATHER'S NAME		ii eg.	der man	COWIL	15 MOTHER'S MAIDEN NA		en nearth	way
150	Jame		MIDDLE	Strohl	oin	Elsie	MIDDLE	TILLE	AST DEDC
100	160 WAS DECEASE		N.	16b SOCIAL SECU		17 INFORMANT	ADDRESS		DENG
	IYES, NO DE UNKNO	OWN) (IF YES, GIV	E WAR OR DATES)			Debra S. S	Strobloin	Sama as	17
						Debla 0. c	octonite in,	Jame as	XIMATE INTERVA
	18 CAUSE O PART I. DI	F DEATH Enter of EATH WAS CAUSI	aly one couse per D BY:	PARA A A	d ic.	DOLLYTHMIA			
	-111	IMMEDIA	TE CAUSE (0)	YKUPHI31	C 1	ERHYTHMIA		UNE	cowin
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								
2.	THE THE CENTER OF THE CATORINA TO THE CATORINA	OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
9		WAS UNDERLYING [	110110	DE INJURY .M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR			
	(IF EITHER, NOT	IFY MEDICAL EXAMINER		Μ.	19				
	(IF EITHER, NOT	NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATI
		the this hosp	ital) attended th	ne deceased from_		VULY 19 77	to 5 E	19 19	, that (I) (we
4		decented since	diview the body	30 AUG 19	19	nd that in my (our) opinion	death accurred on the date	ond hour and from the	e couses state
	22b. S1G1 A1			17.1		DEGREE			ESIGNED
	Le	Est HE	Ulnon	n MA		ATTENDING PHYSICIAN IN	MEDICAL STAFF DIRECTOR PHYSICIA	"-0   DA	7-79
	22d. PHYSICA	N'S NAMERTINE	(# PR(H(T)	7			5 Rockvill		
1	Ro	ger Ste	venson	. Jr.			ville, MD		. 505
	230 BURIAL CREM				NAME OF C	EMETERY OR CREMATORY	23d/ LOCATION CITY OR TOWN	COUNTY	STATE
	(SPECIFY)  BURI	AL	9-10-	79 P	RKLAW	N MEMORIAL PK			
	24 FUNERAL DIREC			UMPHREY		Y .	E REC'D. BY REGISTRAR 25		
	HOMEC						1 1070	itay becke	
	HOMES.	A.,	KOCKVI	11e, Ma	ryla	nd CFP1	1 1979 Sc	may / Much	

DHMH - 16 50M 1/76 (VR A 15 (4))

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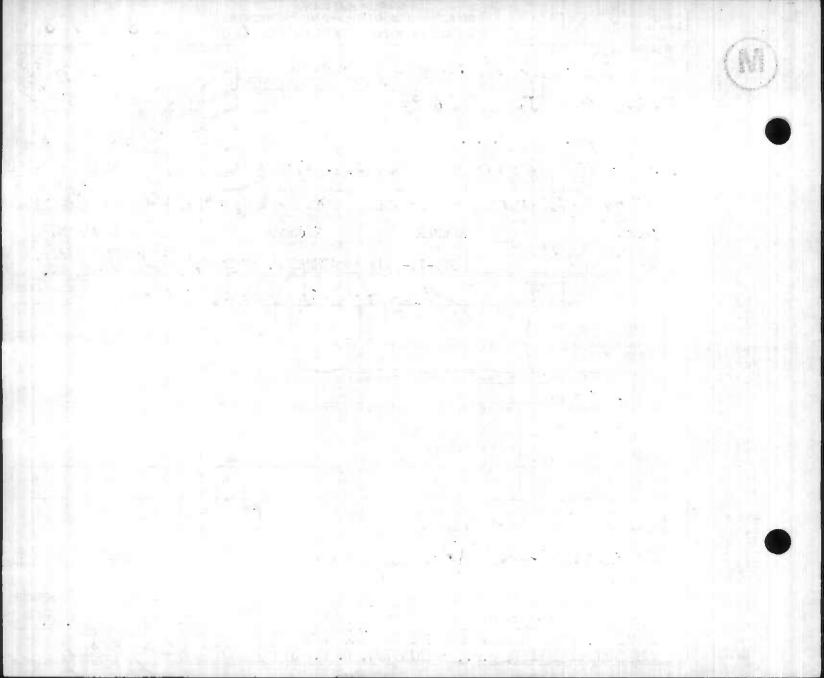
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		STATE REGISTRAR	ME	DICAL EXAMINI	ER'S CERTIFIC	CATE OF DE	ATH REG. N	10.				
1	1. DEC	CEASED NAME FIR		MIDDLE	LAST		20. DATE KNOWN S	B WONTH D	AY YEAR	25. HOUR		
	(115.2	KEN	NETH	J	SWEE	NEY	DEATH MATED	9 11	1979	5:36a		
	3. SEX	male 4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHOAT	RS IF UNDER 1 YR,	IF UNDER 24 HRS	PRONOUNCED		YEAR TO	2d. HOUR		
	7. DIE	THPLACE (STATE OR	75. CITIZEN OF W	7 PAR	S.		9. BALTIMORE CITY	9 11	1979	5:36g		
	Ne	Work	USA	1	WIDOWED	DIVORCED	Montgom	erv		MD.		
?		ilver Spring	(IF NOT IN SUCH FA	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS)  V Cross Host	oital	FO	SUAL OCCUPATION (TY OR MOST OF WORKING LIFE) Ret. Col.		OR INDUSTR	RY		
5	USUA 13a. ST	L RESIDENCE (IF IN NURSING H TATE 13b. C	OME OR OTHER INSTITUTION, GOUNTY	13c. OTY OR TOWN	13d. INSIDE (	ITY LIMITS? 130. ST	REET ADDRESS FY	/2ni	211	Ave		
7	14. FA	THER'S NAME	WIDDLE	LAST	15. MOTH	ER'S MAIDEN NAM	AE MIDDLE	39	LAST			
U	14- 14	Kenneth	B.	Sweene	Y A1	ice	ADDRES	S	Gre	en_		
		S, NO, OR UNKNOWN) (IF YES	V11	051-22-37	A CONTRACTOR OF THE PERSON NAMED IN		enev-wife		as .	13e)		
		18. CAUSE OF DEATH (Ent			22  00011	Dwc	ency write		APPROXIMATE	EINTERVAL		
		PART I DEATH WAS CA	AUSED BY:	(d), (d), (d), (d), (c), (	he m	VOCAL	1131 1	71.A.	BETWEEN ONSE	T AND DEATH		
	17	439/ IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF										
ï		Conditions, if any, which gave rise to immediate (b)										
	22	cause (a) stating the u		AS A CONSEQUENCE C	OF .							
			(c)									
	z	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITIO	N GIVEN IN PART 1 (a).						
_	ATIO	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	ATION WAS PERFOR	MED?		2	0. AUTOPSY	?		
2	IFIC	1/6	one					178	YES 🗌	NO The		
?	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA	HOUR A.A	A. MONTH DAY YEAR		OCCURRED (ENTE	ER NATURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2)				
)	DIC	CONTRIBUTING CAUSE	71a PLACE	OF INJURY (AT HOME,	21f. LOCATION							
i	ME	WHILE NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY		STATE		
			charge af the remains de	scribed abave, held an	Autapsy ,	Inspection	) Inquiry , o	and in my apinio	ın			
		death resulted fram:	Natural causes 1,	Accident Sui	icide . Hami	cide Und	letermined manner	,				
		ACTUAL /	00	11	TITLE (S	SPECIFY)		DATE.	· ~	11/270		
-		SIGNATURE		( age	M.D.	a A ME	EDICAL EXAMINER	SIGNED	Cys C. I.	11717		
3	4	R'S NAME	John S. Ro	gers, DME	ADDRESS_	Silver	Spring, M	larylar	ıd			
	23a.BL	JRIAL, CREMATION, REMOV			METERY OR CREMAT	ORY 23d.	LOCATION	COUNTY	S1	TATE		
	24 61	Burial	9-14-19	79 Arling	ton Nati	onal A	Arlington	TICAD ADIC A TE	Va			
	W	anner E. Pi	umphrey	inc/illen by	Eleland	SFP17	1979	many /	resid			
	_8	434 Ga. Av	e., S.S. N	id Curry C	cura	4617						

**DHMH - 17** (VR A15 ME (5)) 15M 7/76

Company of the second s Charles Wind select from the States

		Items loa. STATE OF MARYLAND	
	11-	STATE Film #G535 9-26-79 DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 9 3
A.A.	-	KEO. NO.	DAY YEAR 75 HOLD
DA )		OF ESTI-	3 10 2 9 9
A DEL	3. SE)	3 1 1 2 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1	DAY YEAR 24 ANOLIR
100 E E E		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	2 00 93
A DATE	_	BIRTHPLACE (STATEOR 776 CITIZEN OF WHAT COUNTRY) 18	Y OF DEATH
5世里4つ	FO	FOREIGN COUNTRY) MARKIED   NEVER MARKIED	
03/1		WASHINGTON D.C. U.S.A. WIDOWED DIVORCED DIVORCED 120. USUAL OCCUPATION (TYPE OF BOKK)	26. KIND OF BUSINESS
S, 301		SIL. JAG (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  O 8 5 8 BYWW MAN KAN KAN CAPTAL SALES LADY WORKING LIFE)	ONENS APPAREL
VITAL RECORDS,		JAL RESIDENCE (IF A HOTE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 13b. COUNTY 13c STREET ADDRESS YES NO 13c STREET ADDRESS YES NO 13c STREET ADDRESS	12 1 2 VI
AL R	14. FA	FATHER'S NAME // 15, MOTHER'S MAIDEN NAME	
\$150		JACOB SPERLING REBECCA MIDDLE	INKÑOWN)
ō —	16a. V	WAS DECEASED EVED IN U.S. ADMED CODOCCO 1144 SOCIAL SECURITY NO. 117 INFORMANT ADDRESS	ING PLACE.
1		NO 578-16-7339 A ARNOLD M. SYMONDS, CTILLED OPE	DING PLACE,
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N. N.		PARTIDEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  RECENTE MAYOCO VELOL AVE.	
MENTAL HYGIENE, DIVISION OF		DUE TO, OR AS A CONSEQUENCE OF	
RANSIT VTAL HY EMOVA		Conditions, if ony, which gave rise to immediate (b)	
OR REMOVA		cause (a) stating the <u>under-lying</u> DUE TO, OR AS A CONSEQUENCE OF	
		(c)	
5		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CREMATION,	O N	None	
	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
人って	RTIF	OF EATERNAL CAUSE WAS 1915 THE OF INJURY	YES NO NO
3	LCE	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	(2)
	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19	
	MED	216. INJURY OCCURRED  216. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  217. LOCATION  STREET CITYORTOWN COURT	NTY STATE
		WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET STREET CITY OR TOWN COUNTY OF TOWN COUNTY O	
		220. I certify that I taak charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my api	nian
		death resulted fram: Natural causes , Accident , Suicide , Hamicide Undetermined manner ,	
		ACTUAL TITLE (SPECIFY)	121000
— <sup>K</sup>		SIGNATURE SIGNATURE SIGNATURE SIGNATURE	631974
2		EXAMPLEY'S NAME	
BALTIMORE, MARYLAND, 2	23a DI	(TYPE OR PRINT)ADDRESS	
D	(5	(SPECIFY) TAVAS LSKAEL CUNGKEGALLUNCITY OR TOWN COUNT	
	24. FI		D. C.
			0.0
		232 CARROLL STREET, N.W. WASHINGTON, D. C. SEP 6 1919 Printing the	~ Creaty

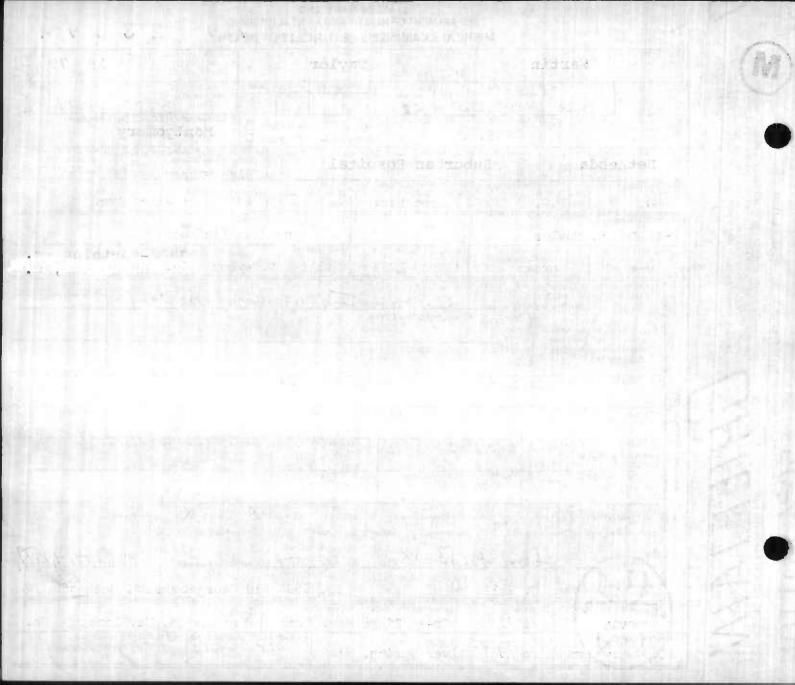


BA	URS URS EET,	2
-	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, TO EXECUTE THE CERTIFICATE, WRITINGS THE WORDS "PENDINGS" IN PENDINGS AS EXECUTE THE CERTIFICATE, WRITINGS THE WORDS" PENDINGS" IN PENDINGS AS A GHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILE.  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL: TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	IERAL I	7
	ED, W	1
	PAG 1	>
201	H. IF ANY DEL. 2, AND 3 TO 3. RETAIN P. 2 SHOULD BE AL RECORDS,	Z, h
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	1, 2, A M 3. F 2 SH ITAL RI	1
ORE, M	R DEA	4
TIMC	AFTEI IVE P. INF PO ISION	4
T., 84	HOURS 18. G G WI AIT. PA	
TON	N 24 P V ITEM ALON T PERA YGIEN	
PRES	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING". IN PENCIL IN 19 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ATO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL.TRANSIT FAFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYG BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	1
W 108	UTED IN PEN EXAM RIAL-TI OR RE	
RDS, 3	NG" OICAL A BU H AND	1
RECO	PEND PEND F MEI ED AS HEALT CREMA	+
VITAL	SHOUND ORD TO CHIE	2
NOF	CATE WE WOULD THE WITHER WITH WITHER WITHER WITHER WITHER WITHER WITHER WITHER WITHER WITHER	3
VISIO	CERTIF TING 1 3 SHC DEPAR RIOR 1	1
0	WRIT WARD PAGE STATE	1
	INER:	1
	EX AM CERTIF JLD B DIREC WITH ARYLA	1
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	GE 4 FUN TER DITTER DIT	4
53	O PA A D A A A A A A A A A A A A A A A A	2
	Dr	1

DHMH - 17 (VR A15 ME (5)) 15M 7/77

	1-3	FOR STATE REGISTRAR				MEDI	PARTMENT	OF HEA	F MARYLAI LTH AND M S CERTIFI	ENTAL H		н9	REG. NO.	3	0	9	4
		EASED NAMI OR PRINT)	E I	Marti	in	L	IDDLE		Taylor			OF I	STI	MONTH 9	19	7 9 9	18 HOUR
	3. SEX	ale	4. RACE	nite		5,192	8 LASTE		F UNDER 1 YR.	IF UNDER HOURS		DATE CONOUNCI DEAD	52	MONTH	19 1	YEAR 979	1034
)	Pe	THPLACE (5) EIGH COUNTRY) nna.			U	.S.A.	COUNTRY?	WID	ARRIED   NE	DIVORCI	ED D		tgom	ery			MD.
7		Bethe	esda	a	IN TON TH	"SUB	urbanºº	Hosp	ital	NOITI	FOR MOS	LOCCUPA STOFWORKIN	G LIFE)	OF WORK	OR I	OF BUS INDUSTR' Stau	Υ
	₽30. ST			13b COUNT P. (	TY	13	esidence before al 3c. CITY OR TOV Takoma	MN	13d INSIDE (	NO 🗆	13e. STREET 435	T ADDRESS Etha	n A11	en Av	ve.		
1	W	THER'S NAME	S.				LAST			-	Jane :	Finfr		n	LA	ST	
1	16a. W (YE	AS DECEASES S, NO. OR UNKNO YES	D EVER	(IF YES, GIVE Y	MED FORCE: WAR OR DATES) Cean										rthing Dr. Spring, Md.		
		Canditia gave ri cause (a) lying cau	ns, if a se ta ) stating use last.	ny, which immediate the <u>under</u> -	E CAUSE (a DUE (b) DUE (c)	TO, OR AS	A CONSEQUE	NCE OF	ISEASE OR COMOLITIO	IN CIVEN IN DA	Plate	y A	cure				
)	CERTIFICATION	19a. DATE OF							N WAS PERFOR		NI FIM).					ITOPSY?	NO X
3		210. EXTERNA UNDERLYING CONTRIBUTION	· 🗆 c	OR	НО	TIME OF IN UR A.M. M P.M.	ONTH DAY	YEAR 21	c. HOW INJURY	OCCURRE	D (ENTERNAT	TURE OF INJUR	IN ITEM 18 PA	RT I OR PAR		2 [	NO Z
	MEDICAL	21d, INJURY C WHILE AT WORK	NOT	WHILE		PLACE OF I	NJURY (AT HO , FARM, ETC.)	ME, 21f.	LOCATION STREET		C	CITY OR TOWN		cou	INTY		STATE
		22a. I certi death result			e af the remain al causes	4	ed abave, held	an Au Suicide	utapsy , , Hami	Inspection	,	Inquiry X		in my ap	inian		
7		ACTUAL SIGNATURE		1	John	es.	Bal	C	M.D.Del	SPECIFY)	MEDIC	AL EX AMIN	ER	DATE	Sep	119,	1979
Ž,		EXAMINER'S (TYPE OR PRI	-			a11 M	ſd.		ADDRESS_		Old G		town I	Rd. E	Sethe	esda	, Md.
	23a.BL (Si	Remov	a1		36. DATE 9/19/7	79			e Mem.		23d. LOCA		Co. M	t.P1	easa	nt,	Pa.

24 FUNERAL HOME 24 FUNERAL HOME 11800 New Hampshire Ave. Silver Spring, Md.



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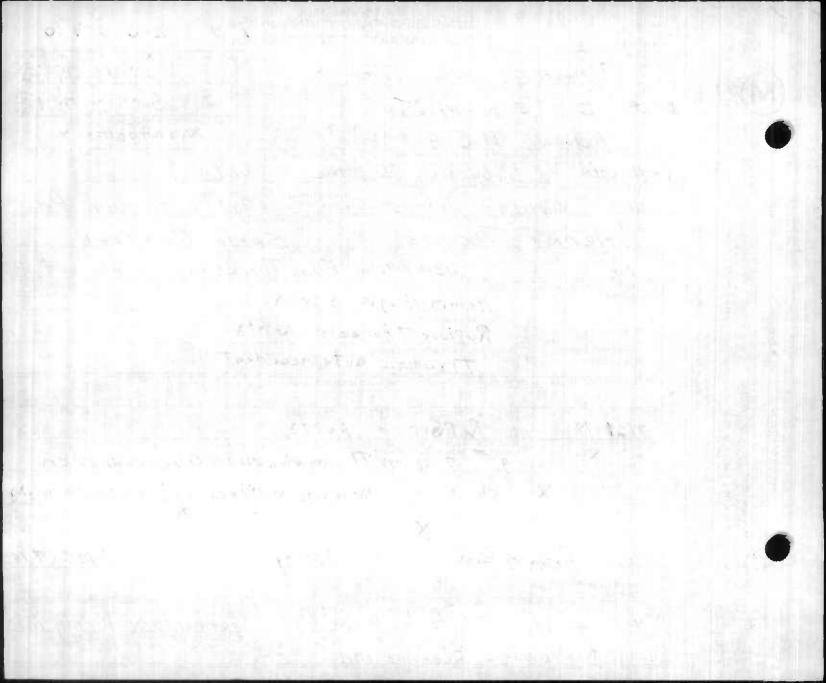
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIGAIE

9	2	10	G.	200
60	0	U	7	
REG. NO.	32.			

1	1 - STATE REGISTRAR		MED	ICAL EXAMIN	ER'S CE	ERTIFICATE O	F DEA	TH REG	2 3 (	19	2
	I. DECEASED NAM (TYPE OR PRINT)	Susan	No.	E.	7	Cester	2	OF ESTI- DEATH MATED		77 9 <sub>9</sub>	2b. HOUR
- 8	Female	4. RACE Caucasi	.,		ARS IF UND AY) MONTHS	DAYS HOURS	MIN. P	r. DATE PRONOUNCED DEAD		6/ <sub>1</sub> 79	9:45A
7	70. BIRTHPLACE (S FOREIGN COUNTRY) D. C.		U.S.	Α.	WIDOWE		ED XX		omery (	Count	
)	Bethes	la	10006 S	ITAL, NURSING HOME LIEV GIVE STREET ADDRESS!  INNOTE D  RESIDENCE BEFORE ADMISSK	rive	RINSTITUTION		al gccupation of Kwo Ont Life Court			ov't.
	13 Mary lar		gomery	Be the sda	a			006 Sin	nott D	rive	
2	14. FATHER'S NAMI FIRST Byro	n	WIDDLE	Eccles		5. MOTHER'S MAIDE FIRST A1th	nea	MIDDLE		eneau	
	16a. WAS DECEASE (YES, NO, OR UNKNO NO	D EVER IN U.S. ARM		220-40-6		Robert J Lane, Po				Demo	cracy
The state of the s	gave r. cause (a lying co	ons, it ony, which ise to immediate t) stating the under- use lost.	(b) DUE TO, OR A	nea due 1 AS A CONSEQUENCE C AS A CONSEQUENCE C AT NOT RELATED TO THE TERM	OF OF			rugs			
>	19a. DATE OF	FOPERATION	19b. CONDITI	ON FOR WHICH OPER	ATION WA	S PERFORMED?			10.4	20. AUTOPS	
3	UNDERLYING CONTRIBUTI 2Td. INJURY	OCCURRED	P.M. 21e PLACE O	MONTH DAY YEAR  19 FINJURY (ATHOME,  DRY, FARM, ETC.)	to 21f. LOC STI	REET	lose	of val	ium Moi	ntgom	erystate
5	22a. l cert death resul ACTUAL SIGNATURE	AT WORK AT WORK Home 10006 Sinnott Drive, Bethesda, MD  22a. I certify that I taok charge of the remains described above, held on Autapsy , Inspection , Inquiry , ond in my opinion death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner ,  TITLE (SPECIFY)  Denuty  DATE 0/6/70									
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Buria	ation, removal 23	9/8/79	St. Gal	METERY OR	's Cemet	te ry	CATION Potoma	ac, Ma	ry1an	d <sup>i ATE</sup>
	24. FURES BORT	Stor A. Pur	mphrey Fin Ave	uneral Ho Bethesda	omes,	P. ADO D'ATE		REGISTRAR 25%			

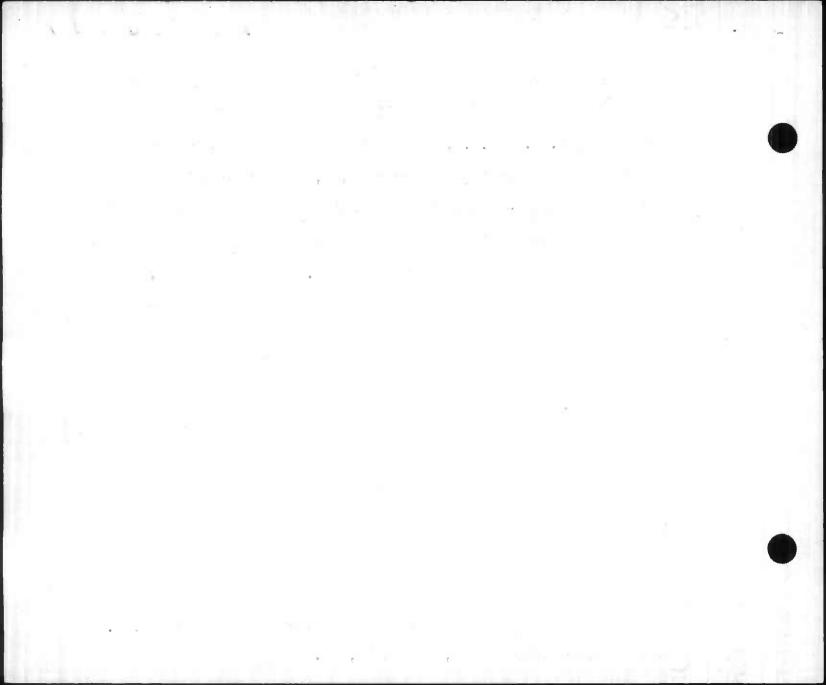
Solidedu Chinol String Condition of the with fames southern the the and the limit dimenses in it. some the said of the said the said of the Miles il ready trive, portended in time I would grow and still transport the a Marketine . In The case of the AND ACTUAL STREET OF THE RESIDENCE OF THE SEPTEMBERS AND ASSESSED AS THE SEPTEMBERS AND ASSESSED AS THE SEPTEMBERS AS A SEPTEM

STATE OF MARYLAND

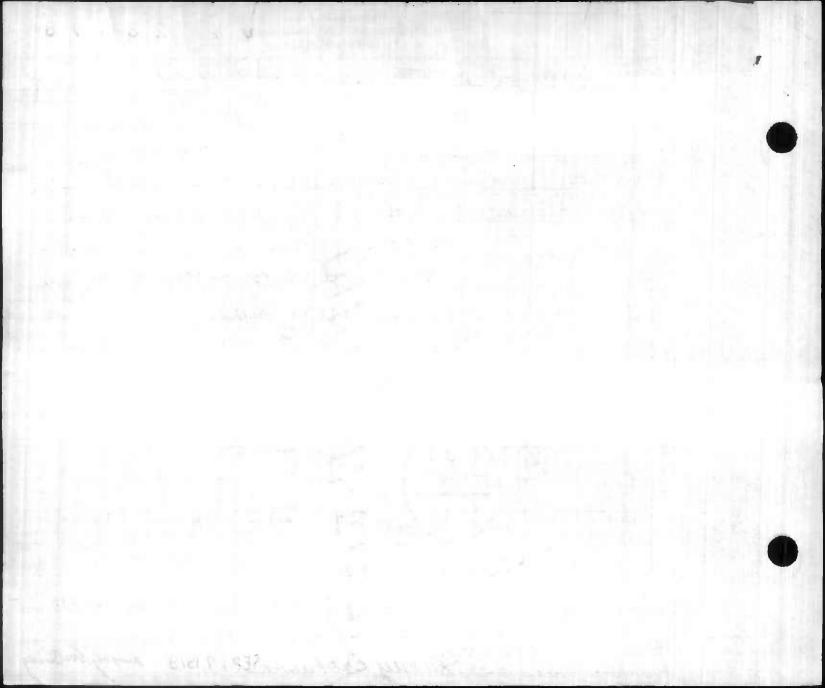


TO HOSPITAL SATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

		FOR STATE REGISTRAR			AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		0	9 7
		CEASED NAME PIRST	AN I	R	S. DATE O	SOMAS FBIRTH	20 DATE OF DEATH	9 21 THOAY) # 0	79 JNOER I YEAR	26. HOUR 4.05 M
40		Female	Whit	te	монтн 11	16 1898	80	YRS	THS DAYS	HOURS MIN.
M	c	RTHPLACE (STATE OR FOREIGN DUNTRY) Washington D.		5.A.	WIDOWE		Montgo		DEATH	MD
10		Kensington	Kensin	ngton G	arden	ROTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Clerical	OF WORKING LIFE	INDUSTRY	etired
d State	Ma	ryland Mont	gomery Rockville YES X NO				13r street address 1603 Bu	rris R	oad	
wowin/5/			module ter Riley 15 MOTHER'S MAIDEN NAME FIRST Nettie				MIDDLE	that the state of	Quee	
medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN] (IF YES, GI	RMED FORCES? 14	50 SOCIAL SECU		James M. Tho		ttrris		ınd
event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY	e for (a), (b), and			e Thromb	3		COLER
troumatic ev		Conditions, if any, which	DUE TO, OR A	S A CONSEQUE		7000			(	)
or other tr		gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR A	s a conseoue	NCE OF	9,00				
njury, o	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	o!
Swo ons	CERTIFICATION	198 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
6m 18 sh		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M.		Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART	I OR PART 2]	
rked or li	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	NN /	COUNTY	STATE
21 is ma	3	220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did r	0/13/	19 19	8/2	d that in (my) (our) opinion o	eath occurred on the de	ote and hour ar	nd fram the	that (I) (we) last
II, If Hem		22b. SIGNATURE		DP.		PHYSICIAN E	MEDICAL STAI	FF CIAN []	22c. DATE	SIGNED 21/29
MPORTAN		224 PHYSICIAN'S NAME (TYPE	OR PRINT)  ZEKACO	er_		74 H Oul	my Im La	e Ru	eti de	a lue
3	23a E	BURIAL, CREMATION, REMOVA SPECIFY) Burial	236. DATE 9/24/7			metery or crematory st Cemetery	234 LOCATION CITY OR TOWN Washing	ton D.	C.	STATE
20M 7/7B		uneral director y son Wheeler 1	Funeral H	ome , Ro	ckvil	2 26.2	SEP 2 5 197	25b. REGISTRAS	R'S SIGNAT	Ke Creedy
	-									$\rightarrow$



a		1			STATE OF MARYLAND		0.7	0.00
1		1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		2 3 NO.	0 7 0
		(TYPE	CEASED NAME HERST OR PRINT)		Lomfordt	9-12-	79	YEAR 26. HOUR
		3. SE	nale	W hite	10-7-17	YEAR 6 / AGE (IN YEARS LAST E	YRS	
	\$70		RTHPLACE (STATE OR FOREIGN Carolina	USA	MARRIED XXEVER MARR		or county of	DEATH MD.
5	ortified o		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTITUTI	ION 12e USUAL OCCUPA	TION 1	<sup>26. K</sup> IJOhnsi <b>nskk</b> : erHopkins
AND 2120	filled in b nould be fil	USU,	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY	R OTHER INSTITUTION, GIVE RESIDENCE NTY 134 CITY OR	BEFORE ADMISSION)		S	A.F.
MARYL	ampletely and 2 st	14. FA	THER'S NAME Milton	MIDDLE Tho	mfordt Elfr	DEN NAME		Naehle
IMORE,	n and co	(	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (19 YES, GIV DS WW ]	F WAR OR DATES)	SECURITY NO. 17 INFORMANT 7-1741Grace Th		e-(same	as 13e)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	y the se rem cremo		18 CAUSE OF DEATH (Enter or PART I. DE ATH WAS CAUSE IMMEDIA!  Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	D BY:	EDUENCE OF	PROSTATE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  LYCUS  LYCUS
RECORDS, 201	n	CERTIFICATION	PART 2. OTHER SIGNIFICANT (		TO DEATH BUT NOT RELATED TO T	D 20g AUTOPSY?	20b. IF YES, WE	ERE FINDINGS USED G CAUSES OF DEATH?
SION OF VITAL	e si di	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	OCCURRED (ENTER NATURE OF IN		OR PART 2)
DIVISE	or a Affi	WE	WHILE NOT WHILE 220.1 certify that (I) (this hospi	A	om	city ORT	2	STATE STATE
	haspit birthed for bept. of Item 21		sow the deceased olive on abave, (1) (we) (did) (did no 22b. SIGNA	atiview the body ofter death.	DEGREE ATTEN	opinion death occurred an the	AFF	d from the couses stoted
	FUNE PUNE PUNE PUNE PUNE PUNE PUNE PUNE P	22- 6	72d PHYSICIAN'S NAME (TYPE O	3. BRACE	22. ADDRESS 1600 A	ALEKOLL ANS T	Kamp (	DAKY MD 20012
2200	BP	İ	urial, cremation, removal Pecify Burial	9-15-79	Prospect Hill	Washing	rton, Do	
	NH - 16 50M 1/76 VR A 15 (4))		ThereE. Pump 34 Ga. Ave	hrey, Inc		250. DATE REC'D. BY REGISTRA	R 25b. REGISTRAR	S SIGNATURE



DHMH - 17 (VR A15 ME (5)) 15M 7/77

REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.    DREAD FROM   F83			FOR STATE			MENT OF	HEALTH		NTAL HY		9	2 3	3 0	9	9
Bernice Minette Tilkens  Bernice Minette Tilkens  Bernice Minette Tilkens  Bernice Minette Tilkens  Bernice Minette Store Stor			REGISTRAR	7 1/4/5		EXAMIN			ATE O	FDEATH	RE	G. NO.			
Bernice Minette Tilkens   Sex   Crace   Solate Britt   Solate   So				FIRST	MIDDLE			LAST		2a. 1	OF ESTI	W KKU	ONTH E	DAY YEAR	2b. HOUR
Female White Sen. 22, 1897 82 vs.  Sen. 22, 1897 82 vs.  In Bernflace changes In Cittizen of Whate Sen. 22, 1897 82 vs.  In Bernflace changes In Citizen of Whate Sen. 22, 1897 82 vs.  In Market changes In Citizen of Whate Sen. 22, 1897 82 vs.  In Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of Whate Sen. 22, 1897 82 vs.  In Citizen of			В	ernice	Minet	cte	T	lilkens	5	0		DOC	9/27	1979	M
The Better of Order of Country of Beath   The Criticen of What Country   The Wood of Notice   The Criticen of What Country   The Wood of Notice   The Criticen of Shall Address   The Critic		3. SE)	4 RACE									MC	HTMC	DAY YEAR	2d. HOUR
The Better of Order of Country of Beath   The Criticen of What Country   The Wood of Notice   The Criticen of What Country   The Wood of Notice   The Criticen of Shall Address   The Critic		Fer	male Whi	te Sep.	22, 1897			DAIS	HOOKS	MIN PRO			3/27	1979	A. M
Takoma Park    Takoma Park				76 CIT	IZEN OF WHAT COU	NTRY?	8. MARRI	ED   NEVI	ER MARRIE	D 9. B	ALTIMORE C	ITY OR CO	OUNTY	OF DEATH	- 10
Takoma Park  8001 Glenside Drive  USSUAL RESIDENCE (IF IN NUBSING NOW DO CHER RESIDENCE RECORD AND SUBJECT OF THE RESIDENCE RECORD AND SUB	0		Wisconsin	II.	_ S _ A		WIDOW	EDXX	DIVORCE	D 🗆	Montg	omery	v Cou	ntv	MD.
Takoma Park   SOOI Glenside Drive   Tomemaker.		10 CI	ITY OR TOWN OF DEAT	H 11. NA	ME OF HOSPITAL, NU	JRSING HOME,	, OR OTH	ER INSTITUTI	ON	12a. USUAL	OCCUPATION	TYPE OF V		KIND OF BU	JSINESS RY
13. STATE   13. COUNTY   13. CITY OR TOWN   13. MODE   14. MODE   15. MOTHER'S, MADE   16. MOTHER'S, MADE   16. MOTHER'S, MADEN NAME   16. MOTHER'S, MADEN	2			80	Ol Glensid	de Drive				Iomem	aker.				
Is Pather's Name	8	130. S	TATE 113		13c. CIT	YORTOWN		13d. INSIDE CIT	LIMITS?						
FRST	200			Montgome	ry Tako	oma Parl	k				Glens	ide I	rive	)	
16. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   19. CONDITION (COUSE (c))		14. FA	ATHER'S NAME FIRST	MIDDLE		LAST		15 MOTHER FIR	'S MAIDEN	NAME	MIDDLE			LAST	
Test No. Or unknown	0		Eddy		C	ole						Har	tsor	1.	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I DEATH WAS CAUSE BY  IMMEDIATE CAUSE (a)  Acute myocardial disease  Canditions, if any, which gave rise to immediate couse (b) tenting the under lying couse (a) stating the under lying couse (a) sta	1	16a. V	WAS DECEASED EVER IN (ES, NO. OR UNKNOWN) (1)	U.S. ARMED FOI IF YES, GIVE WAR OR D	RCES? 16b. SO	CIAL SECURITY	'NO.	17. INFORM	ANT		ADD	RESS			
PART LOCATION  IMMEDIATE CAUSE (a)  Acute myocardial disease  DUE TO, OR AS A CONSEQUENCE OF  (b)  Chronic myocardial disease.  DUE TO, OR AS A CONSEQUENCE OF  (b)  Chronic myocardial disease.  DUE TO, OR AS A CONSEQUENCE OF  (c)  (c)  (c)  PART 2 DINER SIGNEFICANT CONDITIONS CONTROLLING TO DEATH 80T NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  None  19b. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  19b. DATE OF OPERATION  None  21c. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  STREET FACTORY, FABAL, ELC.)  21c. PLACE OF INJURY  AT WORK  21c. Tertify that I took charge of the remains described above, held an Autopsy Inspection Inspe	-						41 7	. Nei	1 A.	Til	kens.	( So	n )	13 e	
MAREDIATE CAUSE (a)   Acute myocardial disease		PART I DEATH WAS CAUSED BY:									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which gove rise to immediate cause (a) staffing the underly lying cause last.    Conditions, if any, which gove rise to immediate cause (a) staffing the underly lying cause last.    DUE TO, OR AS A CONSEQUENCE OF		IMMEDIATE CAUSE (a) Acute myocardial disease													
GOVE FISE TO IMMEDIATE SIGNEFICANT CONDITIONS CONTRIBUTIONS OF STREET FACTORY, FARM, ETC.]  PART 2 DINER SIGNEFICANT CONDITIONS CONTRIBUTION OF AS A CONSEQUENCE OF  (c)  PART 2 DINER SIGNEFICANT CONDITIONS CONTRIBUTION OF AS A CONSEQUENCE OF  (c)  PART 2 DINER SIGNEFICANT CONDITIONS CONTRIBUTION OF AS A CONSEQUENCE OF  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  100. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  101. EXTERNAL CAUSE WAS  102. EXTERNAL CAUSE WAS  103. DATE OF INJURY  103. HOW INJURY OCCURRED (ENTERNATURE OF INJURY INTEM 18 PART 1 OR PART 2)  104. HOW INJURY OCCURRED (ENTERNATURE OF INJURY INTEM 18 PART 1 OR PART 2)  105. DATE OF ONE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  110. DATE OF ONE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  111. LOCATION  112. MAE OF LEMETER FOR CREDATORY  113. MAE OF LEMETER FOR CREDATORY  114. LOCATION  115. LOCATION  116. LOCATION  117. LOCATION  117. LOCATION  118. LOCATION  119. CONDITION FOR WHICH OPERATION WAS PERFORMED?  119. DATE OF THE SIGNED OF THE SIGNE		30	(and tions										- 1		
Solution   Street			gave rise to immediate (b) Chronic myocardial disease.								Years				
None    196. Date of Operation   196. Condition for which operation was performed?   28. Autopsy?   YES   NO   18. External Cause was   19. Time of Injury   Houra Am. Month Day Year   216. How injury occurred (enternature of Injury in Item 18 part 1 or part 2)   None   216. External Cause was   19. Time of Injury   Houra Am. Month Day Year   None   None   19. None   19. None   19. Autopsy   None   19. Aut				ne under-	DUE TO, OR AS A COI	NSEQUENCE O	)F								
None    196. Date of Operation   196. Condition for which operation was performed?   28. Autopsy?   YES   NO   18. External Cause was   19. Time of Injury   Houra Am. Month Day Year   216. How injury occurred (enternature of Injury in Item 18 part 1 or part 2)   None   216. External Cause was   19. Time of Injury   Houra Am. Month Day Year   None   None   19. None   19. None   19. Autopsy   None   19. Aut				(	(c)										
AT WORK AT WORK  22c. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted from: Natural causes		z	PART 2 DINER SIGNIFICANT C	DNUTTIONS CONTRIBUT			NAL DISEASE	DR CONDITION	GIVEN IN PART	1 (a).					
AT WORK AT WORK  22c. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted from: Natural causes	_	15	190 DATE OF OPERATI	ION T			ATIONIA	A C DEDECORA	ED2		4.65			an Allegary	
AT WORK AT WORK  22c. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted from: Natural causes	7	FICA		014	178. CONDITION FOR	WHICH OPEKA	ATION W.	AS PERFORM	ED						
AT WORK AT WORK  22c. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted from: Natural causes	All A	=		WAS	215 TIME OF INJURY		Tax. 116	11/11/11/11/11			4				NO X
AT WORK AT WORK  22c. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted from: Natural causes	3	I C	UNDERLYING OF			DAY YEAR	ZIC. FIC	W INJURY C			CE OF INJURY IN II	EM IS PART I	OR PART 2)		
AT WORK AT WORK  22c. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted from: Natural causes		20					216 100	ATION	Nor	ne					
22a. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes XX. Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)  ACTUAL SIGNATURE		MEC	WHILE NOT W	HILE _						сп	Y OR TOWN		COUNTY		STATE
death resulted from: Natural causes XX. Accident, Suicide, Hamicide, Undetermined manner,  TITLE (SPECIFY)  M.D. Deputy MEDICAL EXAMINER SIGNED 9/27/79  EXAMINER'S NAME (TYPE OR PRINT)  John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md.  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION, DEL OVAL TO DATE SIGNED 9/27/79  THE BURIAL CREMATION 9/27/27  THE BURIAL CR					remains described ab	ave, held an	Autaps	у 🔲 ,	Inspection		nauiry XX	and in	my apinio	an	
EXAMIDER'S NAME (TYPE OF PRINT)  John S. Rogers, M.D.  ADDRESS Silver Spring, Montgomery, Md.  M.D. Deputy Medical examiner Signed 9/27/79  1919 Seminary Road  ADDRESS Silver Spring, Montgomery, Md.			death resulted fram:	Natural cause	Accident	Suit	cide .	Hamicio	le .						
EXAMINER'S NAME (TYPE OF PRINT)  John S. Rogers, M.D.  JOHN S. Rog				ファ	NI			TITLE (SPI	ECIFY)						
THE HURIAN CREMATION, RENOVAL 214 DAT THE HURIAN CREMATION, RENOVAL 214 DATE TO CREMATORY THE HURIAN CREMATION, RENOVAL 214 DATE TO CREMATORY TO CRE		1	SIGNATURE	60	1/10	ser	M.	D. Dept	ıty	MEDICAL	EXAMINER	D	ATE	9/27/	/79
The BURIAL CREMATION REGIONAL 234 DAY 29-1979 Tt. Suicombronetry Bladewelever Roughle . Theo. Md.	2	10	EXAMINER'S NAME	John S.	Rogers	I.D.							10231	МA	
o Exercist in Sept. 29-1979 It. Lucom brometery Bletousburg R. Phio. Md.	13	73a Bi	The state of the s	AOVA([7]) DATE	1000	and the same of the same of	ETER/O	ADDRESS_A	V I V CJ	DIATOCAL	ION #	ii og Oli	ICI Y	//	- 1
AV FUNERAL DIRECTORY		4	Stowet	in Supt	29-19-19 1	t. Suis	alu	Lynn	to	ALT	INN I	- 1	Poply	You a	1/1
I TO THE KAME TOUGHT TO TO TO TO TO THE TOUGHT TOUGHT TO THE TOUGHT TO THE TOUGHT TO THE TOUGHT TO THE TOUGHT TO T		14	INSTAL DIRECTORY	10	J.L.	The Cal	HEAL P	201	PATHE	C'D, BEREL	SISTRAR 256	GISTR.	R'S SIGN	SATURE	· ·

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO OF ESTI-XX DEATH MATED 1. DECEASED NAME (TYPE OR PRINT) MARGARET E. TRESNON 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 76 YRS DEAD 1903 70 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Virginia U.S.A.A WIDOWED DIVORCED MONTGOMERY CO 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SUBURBAN HOSPITAL Clerical/Administrative BETHESDA U.S. Govt USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13a. STATE 18700 Walkers Choice Rd. Gaithersburg YESXX NO Maryland Montgomery 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST MIDDLE LAST James TRESNON Lillv Kerse 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 8301 Jeb Stuart (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Potomac Md No Helen H. Franceschini 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Massive Myocardial I IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION NOT WHILE STREET STATE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY AT WORK AT WORK Inspection 🔀 Inquiry X 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Notural couses Homicide Undetermined monner death resulted from: TITLE (SPECIFY) ACTUAL SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

Washington D.C.

Gate of Heaven Cemetery

Ave. N. W. DATE REC'D. BY REGISTRAR 1256.

Silver Springs

Mont.

DHMH - 17 (VR A15 ME (5)) 15M 7/76 EXAMINER'S NAME (TYPE OR PRINT) \_\_\_

Burial

24. FUNERAL DIREC

23a, BURIAL, CREMATION, REMOVAL 23b. DATE

Funeral

Home

Note to be a light of the last AND ALL THE COLUMN TO A STATE OF THE CASE Torn

# TO FUNERAL DIRECTOR: After this certificate has been signed by the utilities should be detached for use as the burial-transit permit. Then plane removed with the State Dept. of Health and Mental Hygiene prior to burial, cermotic MPORTANT: If them 21 is marked or Item 18 shaws any injury, or other trun TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

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DEPARTMENT O	E HE	ALT	H A	AND	ME

D DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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	60	9	1	U	

FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH CERTIFICAT		IEND 9	231	0
I DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
(TYPE OR PRINT) Barbara	Ann	Trewoll	a	Septe	mber 20.	1798 (30%
3. SEX	4 RACE	5. DATE OF BIRT	H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN
Female	White	May 15		54	YRS	DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH
Ohio	USA	WIDOWED	DIVORCED [	Montgome	ry County	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		ER INSTITUTION	12a. USUAL OCCUPATION		KIND OF BUSINESS OR
Takoma Park	Washington Ad		pital	Housewife		Home
USUAL RESIDENCE (IF NURSING HOME C			ISIDE CITY LIMITS?	13e. STREET ADDRESS		
				5110 54th	Avenue #	44
14 FATHER'S NAME	MIDDLE LA	15. M	OTHER'S MAIDEN NAM	WE		LAST
		ger	Bess	Belle	St	oitler
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO. 17 IN	FORMANT	ADDRE	SS	
No Non	e 578-	24-1159 An	n Trewolla	(Daughter)	Same as	#13.
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON				DITION GIVEN IN F	PART I(a)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION WAS	PERFORMED	200. AUTOPSY?		FINDINGS USED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DI  (IF ETHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d. I certify that (1) (4hr. hour)  saw the deceased glussers	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY,  autal) attended the deceased  20 20 20 20 20 20 20 20 20 20 20 20 20	OFFICE, FARM, ETC.)  OFFICE, FARM, ETC.)  from DECEMBER  19 7 , ond that	OCATION STREET  , 19 in (may) (our) opinion of E ATTENDING PHYSICIAN	CITY OR TOW   ote and hour and fr	INIY STATE	
23a, BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETE		23d. LOCATION	COUNTY	STATE
Cremation	Sept/22/79	Cedar Hill	Crematory	CHI ON IOILL		, Maryland

Riverdale, Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

Chambers Funeral Home

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DHMH - 17 (VR A15 ME (5)) 15M 7/76

## STATE OF MARYLAND FOR - STATE

5130 WISO, AVE. N. W. WASH. D. C. 20016

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	-2	1	n	3
6	3	1	V	·
REG. NO.				

	REGISTRAR		WEL	JICAL EXAMINI	EK.2 CEKLIE	ICATEO	F DEATH REC	3. NO.	1	-
	DECEASED NAM	E FIRST		WIDDLE	LAST		20. DATE KNOW	HTHOM NO	DAY YEAR	Ph. HOUR
(	TYPE OR PRINT)	Clinto	n	R.	Tuck	er	OF ESTI- DEATH MATE	9/1	11/7,9	12 PM
3. 5	EX	4. RACE	S DATE OF BIRTH	6, AGE (IN YEAR				MONTH	DAY YEAR	H HOUR
	Male	White	June 19,		· Morting DAIS	HOURS	PRONOUNCED DEAD	Sept	11, 1979	125
	BIRTHPLACE (S		76. CITIZEN OF WH		8. MARRIED XX	JEVER MARRI	9. BALTIMORE CI	TY OR COUNT	Y OF DEATH	
	POREIGN COUNTRY)		U.S.	A.	WIDOWED -	DIVORCE	Montg	omery		MD.
10.	Bethe	of DEATH		PITAL, NURSING HOME, CILITY GIVE STREET ADDRESS) Irban Hosp		UTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIFE	)	OR INDUST	RY
			OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSIO	IN)		Field Rep.	(Ret)	Insura	nce
130	state Marvland	d Montgo		Bethesda	YES [		13e. STREET ADDRESS 5225 Pooks	Hill Ro	ad	
14.	FATHER'S NAM				15. MOT	HER'S MAIDE	N NAME	the sales are sales and the sales are sales and the sales are sale		
	Clinto	n Ro	MIDDLE	Tucker	Si	isie	MIDDLE	•	Pugh	
160		DEVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY			ADD	RESS	- 40	
	No.	OWN) (IF YES, GIVE W	AR OR DATES)	577-05-61	12 Catl	nerine	E Tucker, Wi	fe. Sam	e as it	em 13
Г	18. CAUSE C	OF DEATH (Enter only	one cause per line	far (o), (b), and (c).)	-		A .1		APPROXIMAT BETWEEN ONSE	E INTERVAL
1	PARTID	EATH WAS CAUSED		AFADARY	1,0507	ficial	ncy Acut	-		
	1411	-		AS A CONSEQUENCE O			1			
	Conditio	ins, if any, which								
		ise to immediate	(b)							
	lying ca		DUE TO, OR	AS A CONSEQUENCE O	)F					
			(c)					1000		
2		IGNIFICANT CONDITIONS CO	ONTRIBUTING TO OFATH I	BUT NOT RELATED TO THE TERMI	NAL OISEASE OR CONDI	TON GIVEN IN PAR	lT 1 (a).	7		
MEDICAL CERTIFICATION	19a. DATE O	FOPERATION	196. CONDIT	ION FOR WHICH OPERA	ATION WAS PERFO	ORMED?			20. AUTOPSY	?
100									YES 🗆	No.X
1 6	210 EXTERN	AL CAUSE WAS	21b. TIME OF	INJURY	121c HOW INJU	RY OCCURRE	D JENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PAI		NO CT
1	UNDERLYIN			MONTH DAY YEAR						
3	21d INJURY	ING CAUSE OF DI	21e PLACE C		21f LOCATION					
1	WHILE			ORY, FARM, ETC.]	STREET		CITY OR TOWN	COL	JNTY	STATE
	AT WORK	NOT WHILE D						100		
	22a, I cert	ify that I taak charge	of the remains desc	ribed above, held an	Autapsy .	Inspection	Inquiry X	and in my op	inion	
	death resul		Il causes X		cide . Hou	nicide .	Undetermined monner			
	deam resur	led fram: 19010rd	il cooses (F1),	Accident L., Suit			Undetermined monner			
	ACTUAL SIGNATURE	Jeh	n s. B	all	7	(SPECIFY)		DATE	Sept 11	1979
	1	1			74	1	MEDICAL EXAMINER	310146		1
Co.	EXAMINER'S (TYPE OR PR	NAME JOY	n G Ball	M.D.	ADDRESS	7936 C	1d Georgetow	n Rd.	Bethesd	a, Md.
230	BURIAL, CREMA	ATION, REMOVAL 23	b DATE	23c. NAME OF CEM	ETERY OR CREMA	TORY	23d. LOCATION	COLD	UTV C	TATE
	Bu	rial 9	9/14/1979	Columbia	Gardens	Cemete	ery Arlingt	on, Vir		IAIE
24	FUNERAL DIRE		NII CAMPIE	R'S SONS IN	0	250. DATE P	FP 1 7 1979 256.	REGISTRAR'S S	IGNATURE	1
		JUSEI	H GAVVEL	K 2 20142 IN	G.			- 1-1 m	7//	

71 included (co.) .c. St. A CONTROL OF CO. SEPT THE THREE THE

1	FOR - STATE REGISTRAR	DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 9	2 3 1	0 4
1. D	ECEASED NAME FIRST	MIDDLE	-	LAST	20 DATE OF DEATH M	ONTH DAY YEAR	2b. HOUR
	Inei	KAO	11	ung	7	- 17-19	// A A
3 SI	Female	Oriental	MON	OF BIRTH DAR YEAR 1906	6 AGE (IN YEARS LAST BIRTH	DAY)  IF UNDER 1 YEAR  MONTHS DAYS  YRS	HOURS MIN
77	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  OO Chow, China	7b. CITIZEN OF WHAT COUN Permanent res United Stat		ED NEVER MARRIED	9 BALTIMORE CITY OR Montger		W
10 0	city or town of DEATH	FIF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	OK OTTEK INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Housewife	WORKING LIFE) 126, KIND C	OF BUSINESS OR
USU	UAL RESIDENCE (IF NURSING HOME OF	Washington A ROTHER INSTITUTION, GIVE RESIDENCE NTY 113c. CITY OR	BEFORE ADMISSION	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS 5504-Lubboo	k Road	ione
14.7	FATHER'S NAME FALL Tung	MEDIA INS		IS MOTHER'S MAIDEN N	AME	N. IA	
150	WAS DECEASED EVER IN U.S. AR	Kar Doo	SECURITY NO	U SAFORMANT	Sue	. Me	1
4	NO INTEL OR SHEHOWING SET OF	579-9		Yam Lai Tsa	ng (Son) San	ne as #13	
CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	V		MINAL DISEASE OR COND	ITION GIVEN IN PART 11  206. IF YES, WERE FINDII IN CERTIFYING CAUSES YES	NGS USED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		day YEAR		RRED (ENTER NATURE OF INJURY		ПО []
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	DFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) this has now the deceded dive of above (I) we idid the disc	The state of the s	111	ond that in (my) our) opinion	, to	, 19, e ond hour ond from the	tho (I) (we) los couses stoted
	VCS	Herr	MA	ATTENDING PHYSICIAN	MEDICAL STAFF		Mg
	22d. PHYSICIAN'S NAME (TYPE C			22e. ADDRESS			1
120	Lewis H. De		22. NAME OF	831-Univers	23d LOCATION	st, Silver	Spring,
230.	Burial, Cremation, Removal (SPECIFY) Burial	236 DATE 9-24-1979	T	ton National	CITY OR TOWN	county	state vland
	FUNERAL DIRECTOR  J. Wm. Lee's Sons	Co. 300-4th S		250. DA	TE REC'D. BY REGISTRAR 2		

DHMH - 16 50M 1/76 (VR A 15 (4) )

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J. H. . 23's Scar Jc. \_ (4-1/5) 3t., H., hrsh., D. J.

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FOR

STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filed within 72 haw with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. that the death certificate be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	6.00	V	- 8	9	-

Maryland

250. D SERRE D BYRETUS TACK 256. RESISTRATE SIGNAL MARY LA

REGISTRAR			CEKTIFICAL	E OF DEATH	REG. NO	).		
I. DECEASED NAME F	IRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH O	AY YEAR	26 HOUR P
Will	iam Jo	hn U	Ilrick		September	19,1	979	12.02 4
3. SEX	4 RACE		5 DATE OF BIR		6. AGE (IN YEARS LAST BIRT	-	F UNDER 1 YEAR	IF UNDER 24 HRS
Male	White		May 6	. 1931	48	YRS	ONTHS DAYS	HOURS MIN
70. BIRTHPLACE ISTATE OR FOREH	76 CITIZEN OI U.S.	A .	8 37	NEVER MARRIED (	9 BALTIMORE CITY O	R COUNTY		MD
Rockville	TOTAL TOTAL	HOSPITAL, NURSING	HOME OR OTI	HER INSTITUTION	120 USUAL OCCUPATION LTYPE OF WORK FOR MOST OF Engineer	NC		Februsess OR Syed
	HOME OR OTHER INSTITUTION COUNTY	N. GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN ROCKVI 11	1 13d_1	NSIDE CITY LIMITS?	13e STREET ADDRESS 16 Enid Co	ourt	2085	54
14. FATHER'S NAME FIRST William	Brannan	Ulrick		OTHER'S MAIDEN NAME FIRST	ME MIDDLE M.	-	Pot	tee
160. WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUR	ITY NO. 17 IN	FORMANT	ADDRE	SS		
	Corean	213-30-0	486 Mr:	s. Ellen Ul	Lrick, Wife	(same	as abo	ove)
Canditions, if any, w gave rise to immed cause 101, stating	CAUSED BY:  MEDIATE CAUSE (a)_  DUE TO, (b)_ iote	Profound  OR AS A CONSEQUEN	Cachexi  HCE OF  LINOMA O	f duodenum			BETWEEN.	imaté interval Onset and déath
	1-7		-		INAL DISEASE OR CONL	DITION GIVE	N IN PART 1	O !
NO 190 DATE OF OPERATIO	N 196 CONI	DITION FOR WHICH C	PERATION WA	S PERFORMED	200 AUTOPSY?  YESX NO		WERE FINDING CAUSES	
710. ACCIDENT WAS UNDERLOOP OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE) 21d. INJURY OCCURRED	SE OF DEATH HOUR	OF INJURY A.M. MONTH DAY P.M.	7 YEAR 19	how injury occurr	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAI	RT 1 OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	(AT HOME S	OF INJURY TREET, FACTORY, OFFICE, FAI		LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
22a. L certify that X (the saw the deceased abave, (X(we) (did)	is hospital) attended to alive an Septer (3000) view the bad	he deceased from Shor 19 79 79	eptember ond the		to <b>Septemb</b> death occurred on the do			that X (we) last causes stoted
1276 SIGNATURE	ca.	delver	DEGRI	ATTENDING PHYSICIAN		IAN X	9//9	179
BRUCE	A- S/	LVER			nal Institut ter,Bethesda			n
230. BURIAL, CREMATION, REA	9-24-			Cemetery	23d. LOCATION CITY OR TOWN Baltimore		COUNTY	state Marvland

24 FUNERAL DIRECTOR Robert A. Pumphreys Funeral Homes,

P.A., Rockville, Maryland

IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other traumotic event, the retained by the haspital or attending physician. TO HOSPITAL BP\_

PHYSICIAN: The low

ATTENDING

DHMH - 16 50M 1/76 (VR A 15 (4))

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end the lead that

(1)	
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### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME WIDDLE 2a. DATE OF DEATH MONTH DAY YEAR poge

2b HOUR 4 RACE IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) MONTH DAYS HOURS AA INI MALE CAUCASTAN APRTI 1917 62 M. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY) MARYLAND U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INSURANCE AGENT INSURANCE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE filled ould b 13c. CITY OR TOWN 13d INSIDE CITY HMITS? 13e STREET\_ADDRESS MARYLAND ROCKVILLE YES K 13600 CHERRYDALE DRIVE NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 0 CHARLES RUTH GRIFFITH CLIFTON VEIRS SR. 6a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES YES WWII 226-14-1325 MARY ANNE VEIRS SAME AS 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUEN Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEMH BUT NOT RELAND TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ŏ 0 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOXX YES [ NO T show 9 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 Mento! Hy HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21f LOCATION 0 21e. PLACE OF INJURY puo (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased fromthat (I) (we) lost sow the deceosed olive on obove, (I) (we) (did) (did not) view the bod offer death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 40 22b. SIGNATURE DEGREE 22c. DATE SIGNED 100 ATTENDING . MEDICAL Should be deta with the Stote PHYSICIAN DIRECTOR PHYSICIAN LANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) WASH DO MPORT 123 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE

BP. ĎHMH - 16 50M 7/77 (VRA 15 (4))

DIRE

(SPECIFY)

BURIAL

24. FUNERAL DIRECTOR

by

ADDRESS A. PUMPHREY FUNERAL HOMES P/A

9-19-79

PARKLAWN MEM. PARK ROCKVILLE MD

ROCKVILLE MONTGOMERY 25g, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

COUNTY

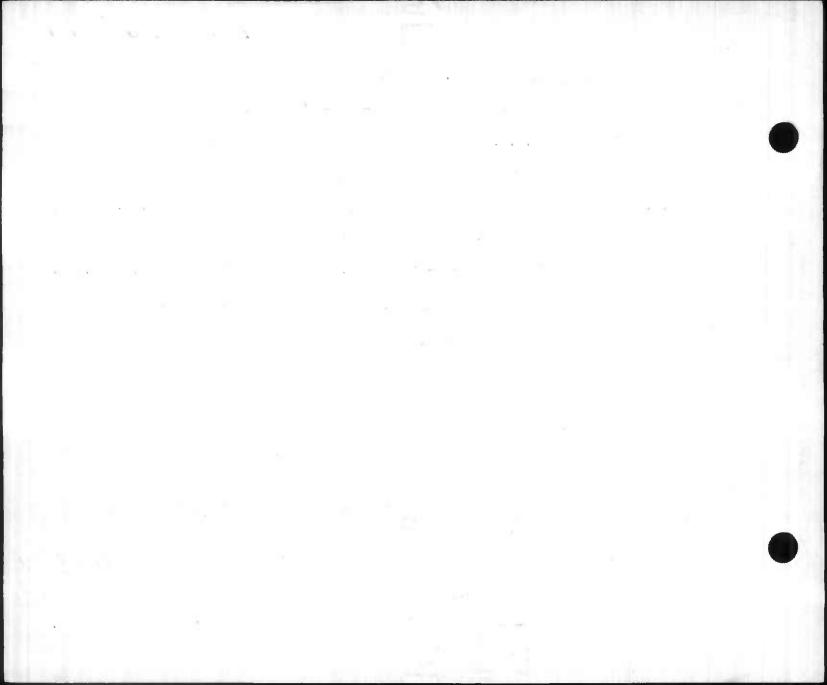
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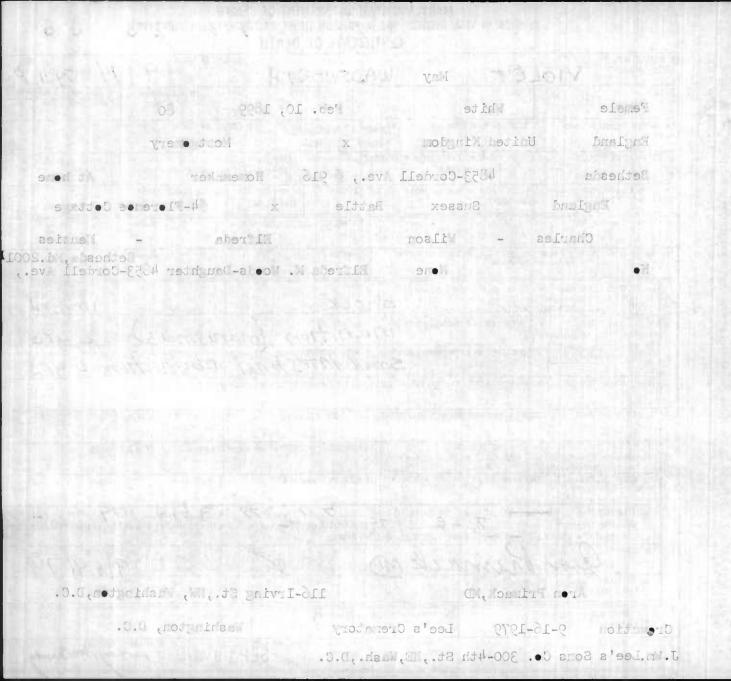
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MARYLAND 702-22 SOCKYTHIE K 1300 CHERRYDALE SHIVE CHARLES CLIPTUM VZHRI SE. SHITH GENERALE SHIVE THE VEH SE. SHITH GENERALE SHIPTUM VZHRI SE. SHITH SEE KEER AS 122 YEE THE WITH SEE-14-1325 NARY AND VIEWS (SAME AS 122 YEE)					
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		TOTAL STATE	VEIRE SE.	MOPTLIS	CHARLES
	(SEASE AS 12s)	MIT SHE YEAR	726-14-325	TIM BIT	Say
	SOUTH PROPERTY OF	I MAN LESS IN	ALIXRAS . 9	1-61-6	ZVZHDE

	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 3 1 0 7					0 /	
ed to		CEASED NAME FIRST	HAEL	C.	V	ESSA	20 DATE OF DEATH	9 - 27 - 49	10 P
3. SEX MALE			4 RACE WHITE		5. DATE C	- 24 -1892	6 AGE (IN YEARS LAST BIRTHO	MONTHS DAY	
6 32 369	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY) WYORK	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	* BALTIMORE CITY OR MONTGOMERY	COUNTY OF DEATH	M
s off		OCKVILLE		HOSPITAL, NURSING PACIFIC VALLEY		NG HOME	120 USUAL OCCUPATION THE OF WORK FOR MOST OF VILLE OF WORK FOR MOST OF VILLE OF VILL	WORKING LIFE) 126 KIND INDUSTR PUBL.	OF BUSINESS OR
in 24 hours of ly filled in by the should be filed	USU 13a D	AL RESIDENCE (IF NURSING HOME C STATE . COU	NTY	GIVE RESIDENCE BEFOR	NE ADMISSION)	13d INSIDE CITY LIMITS?	13°36652 ^PPRESOM	B ST.NW.	
ed within		THER'S NAME ICHOLAS	WIDOLE	VESS'Ast		ROSE FIRST	ME MIDDLE	GRASS	<b>3</b> <sup>ST</sup>
n ond co	16a \	VAS DECEASED EVER IN U.S. A	RMED FORCES?	080-18-2		MRS. DAWN VII	NE 3602 MACO	-	H.,DC.
oth certificate bending physicial corbon popers:		4149	ED 8Y: TE CAUSE (a)	ACUTE BRAS A CONSEQU	2 CF	PRPIAC Y ARTE		MIA RETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
s that the death or ed by the attendin please remove corb rial, cremation, or or other traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, O	COROL CARONSEQUE	ENCE OF	MED A	Rickinsc	refosis	
n signe Then p r to bu	TION	PART 2 OTHER SIGNIFICANT  CHR 0  190 DATE OF OPERATION	Nic	ORG	AN	NOT RELATED TO THE TERM	AIN S	YNDR	one
	CERTIFICATION	71a ACCIDENT WAS UNDERLYING			OPERATIO	121c HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSI	ES OF DEATH?
Z & S O O E S	MEDICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A		AY YEAR	21f LOCATION	CED (ENTER NATURE OF INJURY	IN HEM (8, PART FOR PART 2)	
DING PHYSICIA or ottending p After this certifice of the buriol-in of the buriol-in olith and Mental morked or flem	MEC	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
TEN O O O O O O O O O O O O O O O O O O O		sow the deceased alive a above, (1) (we) (did) (did n	9/1	9/- 19			deoth occurred on the date		
# 000 F		27b. SIGNATURE	20	Dar	in 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		127/1
O HOSPITAL etoined by 11 TO FUNERAL should be det with the Stote MAPORTANT:		RUBORT (	CI	PADDI	ARIO	5413 Ce.	DAR LAN		THESDI
BP	B	URTAL URTAL	10-1-7	9	GATE O	EMETERY OR CREMATORY F HEAVEN	SILVER S	(1	MD'ATE
DHMH-16 20M (VRA 15, 4) 7/78	24 F	JNERAL DIJUSEPH GA				75a DAT	OCT 10 REG 1979	IB. REGISTRAR'S SIGN	MRE Gready

STATE OF MARYLAND





# TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral dir should be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hou with the State Dept. af Health and Mental Hygiene prior to buriol, cremation, ar removal. death certificate be JO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

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injury, or other troumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENY
CERTIFICATE OF DEATH

9

2310

1	REGISTRAR			DEI ARTI			OF DEATH	illy.	REG. N	o.	9 1	• •
	CEASED NAME	FIRST	A	AIDDLE	Ĺ/	AST		2a DATE	E OF DEATH	MONTH	OAY YEAR	2b. HOUR
		THEODOL	RE J	AMES	WAL	KER			SEPT	. 30	1975	5:57A
3. SE	X	4	RACE		5 DATE O		AY YEAR	6. AGE (	IN YEARS LAST BIRT	HOAY)	IF UNDER I YEA	
	MALE		CAUCA		SEF	T.	22,1904	75		YRS		
	RTHPLACE (STATI	E OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	MARRIED	NE	VER MARRIED	9. BALTI	MORE CITY O	R COUNT	Y OF DEATH	
	ASHINGT		N-2-N		WIDOWE	D	DIVORCED		NTGOM			MD
	ETHESDA	FDEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET NAL NAV	ADDRESS)	E DIC		(TYPE OF V	WORK FOR MOSTO			
#13a. S	ARYLAND	13b COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW SILVER	SPR	YES X		146	L2 DE	ERHU	RST TE	ERRACE
	JOHN	JAI	MEZ	WALKER	ING	L	AVERNA	ME	WIDDLE		WALK	ÊR
(1	VAS DECEASED I YES, NO OR UNKNOW! YES	(IF YES, GIVE V	VAR OR DATES)	166 SOCIAL SECU		17 INFO	LEN WALL	KER	ADDRE		ME AS	13.
NOI		immediate stating the cause last	DUE TO, OF	R AS A CONSEQUE	PROS'		ATED TO THE TERM	- September - Sept		DITION GI	VEN IN PART	1(o
CERTIFICATION	19a. DATE OF OF	PERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PI	ERFORMED	20a Al	UTOPSY?	IN CERT	S, WERE FIND IFYING CAUSE ES 🔽	DINGS USED ES OF DEATH? NO
MEDICAL CER	(IF EITHER, NOTIFY	CAUSE OF DE ATI	P./	M. MONTH DA M.	YEAR		w injury occurr	RED (ENTER	r nature of Injui	RY IN ITEM 18,	PART I OR PART 2)	
MED	21d. INJURY OC	CURRED  NOT WHILE  AT WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.}	21f LOC	TATION		CITY OR TOV	M	COUNTY	STATE
	sow the de	ceased alive an _ we) (did) (dia nt)	70 SF	PT 197		d that in	T , 19 75 (Xy) (our) opinion o	E of ,		-		, that <b>X</b> (we) lost ne couses stated
	226. SIGNATURI	artin	ws	1	- P.E		ATTENDING PHYSICIAN	MEDIC.	AL STAI			.30,1979
	MARTIN	S NAME (TYPE OR F		. 0 .		NAT	111109.103	AVAI	MEDT	CAL	CTRF	BETHESDA
23a. B	BURIAL, CREMAT		23b. DATE		AME OF CE		OR CREMATORY		DCATION ITY OF TOWN		COLINA	STATE
(	CREMA	TION	10/1/7	9 ME	TROPOL	LITAN	CREMATOR		ALEXAN	DRTA.	VIRGIN	
24 FU	NERAL DIRECTO	R FRANCIS ZXZXZXZX	J. CO	LINS Silver			25a. DATE		1979	25b. 10075	by he	Bready

DHMH - 16 50M 1/76 (VR A 15 (4))

The second secon Tables of the same THE A LAND STREET LITTS MESTERN AND THE WASTERN ASSESSMENT DAMAGE TATO THE PARKET REPORTED TO THE PARKET PROPERTY. 

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the surerial configuration of should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 figure and the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal
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injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or Item 18 show

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCLEN

1.	STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	2 J		9
	CEASED NAME FIRST	r A	VIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(1111)	CORPRINT	BABY	WASHI	NGTON	V	May 4, 19	79		5:05P M
3. SE	X	4 RACE		S. DATE (		6 AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
	Male	Blac	ck	May	4, 1979 YEAR		YRS.	THS DAYS	2 56
	IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED X	9 BALTIMORE CITY O		DEATH	
10. C	ITY OR TOWN OF DEATH			WIDOWI	DROTHER INSTITUTION	120 USUAL OCCUPAT		12h KIND OF	MD. BUSINESS OR
	01ney	Montgot Montgot	nery Gene	eral H		(TYPE OF WORK FOR MOST O		INDUSTRY	
USU 13a	AL RESIDENCE (IF MURSING HO STATE		GIVE RESIDENCE BEFORE IS, CITY OR TOW Washingt	'N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	Place		
14. F/	ATHER'S NAME Paul	Milton	Washin	gton	15. MOTHER'S MAIDEN NA FIRST Denise	ME L. MIDDLE	- 0	Bradle	ev
16a \	WAS DECEASED EVER IN U.S. YES, NOR UNKNOWN) (IF YES	S. ARMED FORCES? S. GIVE WAR OR DATES)	16b SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR			
NOI	Conditions, if ony, whice gove rise to immediate cause (a), stating the underlying cause las	e	AS A CONSEQUE  NO MO  NOTRIBUTING TO 1	VI	able for NOT RELATED TO THE FERM	LINAL DISEASE OR CON	DITION GIVEN	IN PART 1 o	
TIFICA	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER, NOT IFFY MEDICAL EXAM- 21d. INJURY OCCURRED	OF DEATH HOUR A./	M. MONTH D	19	211 LOCATION STREET	RED (ENTER NATURE OF INJU CITY OR TO		OR PART 2)	STATE
	WHITE AT WORK  27a   certify that (1) (this has been saw the deceased alive obove, (1) (we) (did) (deceased olive)  22b. SIGNATURE	e on	19	, o	nd that in (my) (aur) opinion DEGREE ATTENDING	to	- 1000		
73n f	228 PHYSICIAN'S NAME (1)  NASEEM  BURIAL, CREMATION, REMO	YPE OR PRINT)  K. HUR  VAL 123b. DATE	nAYUN	MI	M. D. ATTENDING PHYSICIAN PARTIES 1924/ MO	DIRECTOR PHYSIC TO VILLE  1234 LOCATION	ge Al	re, go	relterster MD 20766
	Released to h		y 4, 1979		EMETERT OR CREMATORY	CITY OR TOWN	COU	YTAL	STATE

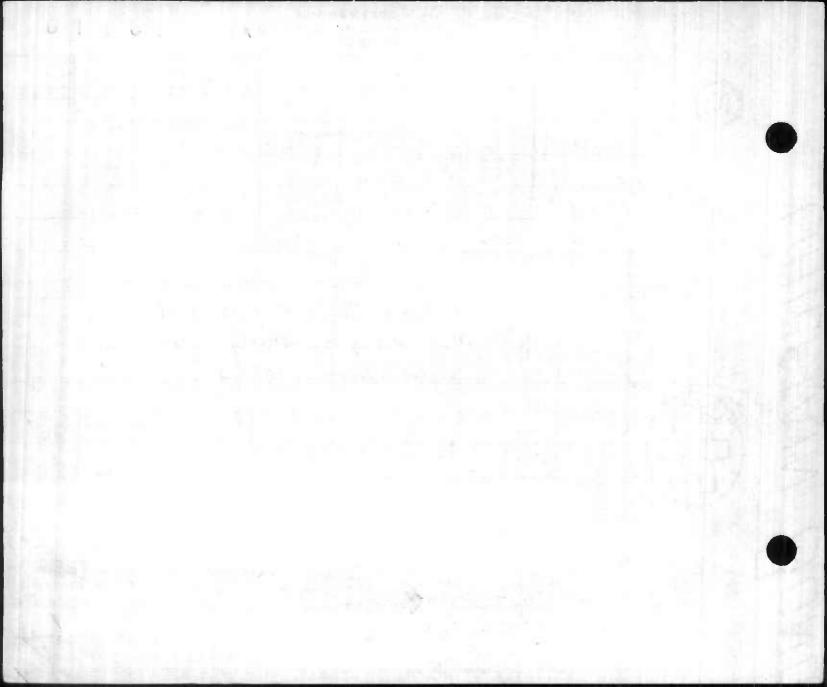
ADDRESS

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR NAME

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



FOR

- STATE

REGISTRAR

oth	TYPE		Jichol		A4.	TE OF BIRTH	Kins AY YEAR	6 AGE (IN YEARS LAST BI	MONTH  ()  RTHDAY)	2.5	79 REYEAR
by the funeral ic filed within 72 hings in a filed within 72 hings in a filed at a filed	70 BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)  Mayland  10 CITY OR TOWN OF DEATH  Silver Spring		ATH 11.	CITIZEN OF WHAT COUNTRY?		ME OR OTHER	D DIVORCED DIVORCED 120 USU				ATH KIND OF USTRY
filled in could be	130 S M		Montgo	mery	Give residence before admissing City or Town Germantown	ON) 13d INSI YES	DE CITY LIMITS?	13e. STREET ADDRESS 20512 Go	erman	town	Rd.
n and campletely Pages 1 and 2 sh medical Agminer		Frankl VAS DECEASED EVER (ES, NO OR UNKNOWN) No	in	W. D FORCES?	Watkins  16b SOCIAL SECURITY NO  None		Teresa	A. ADDR			ksor
signed by the ottending physici sen please remove carbonpopes o bunal, cremation, or removal. jury, or other traumatic event, th	Z	Conditions, If any, gove rise to imm cause (a), statin underlying cause	which nediote g the lost	Y: AUSE (o) DUE TO, O (b) DUE TO, O	R AS A CONSEQUENCE O	rity	ATED TO THE TERMI	NAL DISEASE OR COI	VDITION C		APPROXIMETWEEN OF
hos been permit The ene prior h	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH OPERA	TION WAS PE	ERFORMED	200 AUTOPSY?		YES, WERE TIFYING C YES 1	
ter this certificate h s the burial-transit i and Mental Hygie rked or Item 18 shar	MEDICAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC. 21d. INJURY OCCURR WHILE AT WORK AT WO	CAUSE OF DEATH ALEXAMINER) RED	P. 21e. PLACE	M, MONTH DAY YE M.	21f LOC		ED (ENTER NATURE OF INJ		8. PART 1 OR P	
L DIRECTOR: Affector use as tached for use as to be Dept. of Health c. If them 21 is mork.		22a.t certify that (I) sow the decease above, (I) (we) (a 22b. SIGNATURE	(this hospital)			, and that in DEGREE	ATTENDING	eoth occurred on the	AFF.	220	, the contract of the contract
FUNERAL build be de h the Stote		22d. PHYSICIAN'S NA	ME (TYPE OR PRI	4		-	PHYSICIAN DRESS MONTO	VILL, AVE.			

23b. DATE

Sept. 28, 1979

Olin L. Molesworth, Damascus, Md.

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH

DHMH - 16 50M 1/76 (VR A 15 (4))

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION St. Mary's Barnesville, Montg., 1 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

, 19\_\_\_\_\_, that (1) (we) lost

22c. DATE SIGNED

GAITHERS AURGIND.

REG. NO

YEAR

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

ote and hour and from the causes stated

COUNTY

2b. HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

STATE

at set artifice. Intilian one Afrik Artikla – televis i zaze – ", j unital color, aller and a series color color color

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the function that should be detached for use as the burial-transit permit. Then please remove corbanapaers. Pages 1 and 2 should be filled within 72 had with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs atter-retained by the hospital or ottending physician.

BP\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

1-	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 9 2 3	3   1 2	
1. DEC	CEASED NAME FIRST	MIDDLE	LAST LIFEDAL C.		DAY YEAR 26. HOUR	
6)	en JAMIN	j-	WEEDON St.	7 /	1 17 8 A	
3. SE>	Male	White	5. DATE OF BIRTH MONTH DAY 10 15 1893	6. AGE (IN YEARS LAST BIRTHDAY)  85 YRS.	MONTHS DAYS HOURS M	
	RTHPLACE STATE OR FOREIGN OUNTRY) Md •	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery Co		
	ity or town of death wheaton	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ASTRIB Home	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Ret. Supt	176 KIND OF BUSINESS INDUSTRY Railway Exp	
USUA 130. S	AL RESIDENCE (IF NURSING HOME OF STATE Md. Bal		N. 136. INSIDE CITY LIMITS?	130 STREES OF RESIDENTE	m Rd.	
14. FA		Middle Weedon	15. MOTHER'S MAIDEN NA Annie	MIDDLE	Hearn (AST	
	Yes WW	1 714-05	-6772 Benjamin F.		Charles Rd.	
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF CINOMATOSIS-		2-3 MO. 6-9 MO.	
6						
TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO	
CAL CERTIFICATION	19g DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	216, TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	IN CERTIF	YING CAUSES OF DEATH?	
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCUR 19 211 LOCATION	YES NO YE	YING CAUSES OF DEATH?	
7 Te	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.  atal) attended the deceased from 19 11 yiew the body after death.	AY YEAR 19 211, HOW INJURY OCCUR 19 211, LOCATION STREET  , 19 20 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	YES NO IN CERTIF	YING CAUSES OF DEATH?  S NO ART 1 OR PART 2)  COUNTY STATE  19 79, that (I) (we)	
7 Te	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a I certify that (1) (this hospi sow the deceased alive an above, (1) (well idid) (did no	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.  atal) attended the deceased from 19 11 yiew the body after death.	AY YEAR  19  211. HOW INJURY OCCUR  19  211. LOCATION STREET  770  , 1970  DEGREE  ATTENDING	YES NO IN CERTIF YE.  RED (ENTER NATURE OF INJURY IN ITEM 18, P.  CITY OR TOWN  death occurred an the date and hou  MEDICAL STAFF DIRECTOR PHYSICIAN	YING CAUSES OF DEATH?  S NO ART 1 OR PART 2)  COUNTY STATE  19 79, that (1) (we)  r and from the causes stated	
WEDICAL 230. B	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.  11) attended the deceased from 19 21b. View the body after death.	AY YEAR 19 211, HOW INJURY OCCUR 19 211, LOCATION STREET  , 19 20 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	YES NO IN CERTIF YE.  RED (ENTER NATURE OF INJURY IN ITEM 18, P.  CITY OR TOWN  death occurred an the date and hou  MEDICAL STAFF DIRECTOR PHYSICIAN	YING CAUSES OF DEATH?  S NO ART 1 OR PART 2)  COUNTY STATE  19 79, that (1) (we)  r and from the causes stated  22c. DATE SIGNED	

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter de	retained by the hospital or attending physicion.
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BP DHMH - 16 50M 7/77 (VR A 15 (4))

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	1		FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	2 3	***	3
of h			EASED NAME FIRST  OR PRINT)  MAY	Max	MIDDLE	WE	*Wertheimer	20. DATE OF DEATH	MONTH DAY	YEAR 179	26. HOUR
Sept. Dog	3	SEX	Male	4 RACE White	LIES.	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRT	YRS.	THS DAYS	HOURS MIN.
n 72 hour	7		THPLACE (STATE OR FOREIGN UNTRY) Hungary	76. CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH	MD
by the fulled within	0	1	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Hebrew Home of Great		OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Contract	ON F WORKING (FE)	INDUSTRY	F BUSINESS OR	
filled in lould be f		3a. S1	100.000		GIVE RESIDENCE BEFO 13c. CITY OR TOV Rockvil	NN	13d. INSIDE CITY LIMITS?  YES NO	13. STREET ADDRESS 6121 Montr	ose Roa	d.	
and 2 sh	0	4 FAT	THER'S NAME FIRST  David	WIDDLE	Werthe	imer	15. MOTHER'S MAIDEN NAMERST Bertha	WIDDLE		osenb	
Pages 1	1		AS DECEASED EVER IN U.S. AR is, no or unknown) (IF YES, GIV	RMED FORCES? E WAR OR DATES!	058-10-	44	17. INFORMANT Daugh Dona Meerkre		Schevy reyston	e St.	,
physicio on papers emovol.			18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly ane cause per ED BY: TE CAUSE (a)	line for (a), (b), a CARD1	nd (c).	RR HYTHMIH	1	alau.		MATE INTERVAL ONSET AND DEATH
ottending ove corbo tion, or ri aumotic			4146 Conditions, if ony, which	DUE TO, O	AAS A CONSEQUENCE RICE	JENCE OF	FROTIC HE	ART DIS	FASE		
by the sose remodel, cremo			gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	r as a consequ	JENCE OF					
in signed Then ple r to burid injury, o		NO	PART 2. OTHER SIGNIFICANT	OBE		DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1(	31
hos been the permit.	7	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	OF DEATH?
ertificate nol-transi intal Hyg		-	210. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.	FINJURY M. MONTH E M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2]	
ter this can the purion of the		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	vN	COUNTY	STATE
for use of Health			220.1 certify that (1) (this hosp sow the deceased alive on above, (1) (we) (did) (did no	ital) attended the	deceased from	19 pt	nd that in (my) (our) apinion o	to Sept.	ote and hour or	od from the	that (I) (we) last causes stated
ERAL DIREC e detoched Stote Dept, ANT: If Item			22b. SIGNATURE	ead		1	DEGREE  ATTENDING, PHYSICIAN	MEDICAL STAI	FF CIAN []	220 DATE 9/20	SIGNED
should be det with the Stote IMPORTANT:			22d. PHYSICIAN'S NAME (TYPE O	PATE			6/21 MON	TROSE RI	. Rock	VILLE	5 MD.
		(SI	JRIAL, CREMATION, REMOVAL Burial	23b. DATE 9/21/1			ton Hebrew Co		gton D.		STATE
6 50M 7/77 A 15 (4))	2	4. FU	NERAL DIRECTOR NAME Seph Gawler's S	ons Inc	5130 W	isc. A	D.C. 250. DAE	EP24 1979	256 REGISTRAL	R'S SIGNAT	URE Cready

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122 Tentrone on		coxville	yr o or fac	Bra.Egust
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Atem. Chevy Chuse, Man				0.4
	(AUSTANIESE) SHIPSHIPS SHIPSHIPS			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directs should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours at with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

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executed within 24 hours ofter death. Page 4 may be

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low offending physicion.

retoined by the hospital or

BP.

TO HOSPITAL

FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

9	2	3	ì	É
	Ein	3,		

1. DECEASED NAME FI	RST MIDDLE	l l	AST	REG. NO.  2a DATE OF DEATH MONTH DAY YEAR 26 HOUR					
(TYPE OR PRINT)  Benja	min Orie	Willi	ams	September 13,	1979	2:05			
3 SEX	4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HR			
Male	Negro	л <b>Dece</b>	mber 2, 1925	53	MONTHS DAYS	HOURS MIN			
OUNTRY)		INTRY? 8		9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery County,					
VA	USA	WIDOWE	DIN NEVER MARRIED DINORCED						
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF	F BUSINESS			
ethesda	Clinical Cer	nter (NIH	)	Retired	o they in about				
District of 100	COUNTY 13c CITY C	DR TOWN.	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3419 24th stre					
Columbia	Washi	ington			et SE				
FIRST	WIDDLE	AST	15 MOTHER'S MAIDEN NA/	WE	LAST				
Benjamin  160 WAS DECEASED EVER IN 0		11iams	Pearlie	ADDRESS ,	Nea	T			
(YES, NO OR UNKNOWN)	VEC CREEKING OR DISERY	20-7760	Mrs. Rosa L.	Williams (wife	ame as al	oove)			
YES			1125. 11000 2.	1111110110 (11111					
PART I. DEATH WAS	7) 2020		nd cardiac ar	roat	20 n	MATE INTERVAL			
1/21/	MEDIATE CAUSE (0) ALLI.	туцица а	nu carurac ar	Les.	20 11	LLII.			
724/	Conditions, if ony, which ( Aortic stenosis, mitral insufficiency								
gove rise to immedi			SIS, RECECT I	.ibc.licicicy	10-15	ATO.			
underlying couse	3 d	ays							
PART 2 OTHER SIGNIFIC	CANT CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	,			
Aspiration	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  Aspiration pneumonia								
Aspiration 190. DATE OF OPERATION Sept.1, 197 210. ACCIDENT WAS UNDERLY				200 AUTOPSY? 20b. IF	YES, WERE FINDIN	GS USED			
E Sept.1, 197	9 Aortic ste		itral insufficien		YES [	NO [			
00.00		TH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)				
S (IF EITHER, NOTIFY MEDICAL EX	COI DEATH	19							
(IF EITHER, NOTIFY MEDICAL EX	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
AT WORK NOT WHILE									
	s hospital) attended the deceased slive on Sept. 13.	70 -		sept. 13,		hot X (we)			
sow the deceosed o obove, \(\psi \) (we) (did)	(see on see the body after death	1, 01		death occurred on the date and					
22b. SAGNATURE			DEGREE		22c. DATE S				
(5)	h 944	m. in		. MEDICAL STAFF	22C DAIL S	SIGNED			
Da	6 Miles	m 12	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN		SIGNED			
22d PHYSICIAM SVAME	D M Leu (TYPEOR PRINT)	Me	ATTENDING PHYSICIAN PHYSICIAN National Ins	titutes of Heal	-th				
BYRON	O. Mikers	M 12	ATTENDING PHYSICIAN DATIONAL INS	titutes of Heal ter, Bethesda,	-th				
12 1	O. Mikers	M LQ	ATTENDING PHYSICIAN PHYSIC	titutes of Heal ter, Bethesda,	th Md, 2020!	5 state			
230. BURIAL CREMATION, REA (SPECIFY)  Burial	O. Mikers	M LQ	ATTENDING PHYSICIAN PHYSIC	titutes of Heal ter, Bethesda, 23d LOCATION CITY OR TOWN	Md, 2020!	5 alare			
230. BURIAL CREMATION, REA (SPECIFY)  BUR 141  24. FUNERAL DIBEOLOGY	O. Mikers	M D  231. NAME OF CO	ATTENDING PHYSICIAN PHYSIC	titutes of Heal ter, Bethesda, 23d LOCATION CITYOR TOWN 1 Catonsvil	Md, 2020!	5 =#ate			

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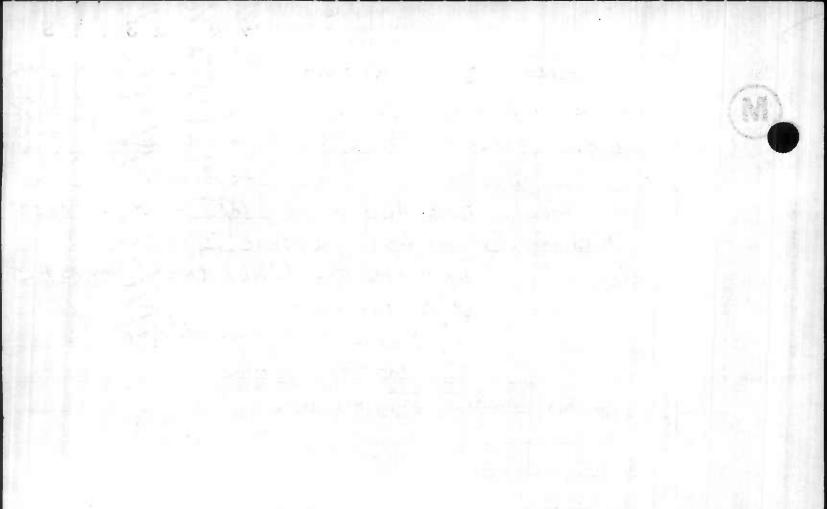
	1 -	FOR STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE 9	2 3 1	1 5
1		EASED NAME FIRST ELIZ	A- MIDDLE	WILLIAMS		9-27-19	11 1 00 1
3	. SEX	Female	B/Ack	5. DATE OF BIRTH  JAN. 13 1911	6 AGE (IN YEARS LAST BIRT	YRS	DAYS HOURS MIN
7.2 Sugar		THPLACE (STATE OR FOREIGN UNTRY)	76. CITIZEN OF WHAT COUP	MARRIED NEVER MARRIED WIDOWED DIVORCED	MANTE		TH /
70		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE SUBURBAN	URSING HOME OR OTHER INSTITUTION ESTREET ADDRESS) HOSPITAL-	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSE W.	F WORKING LIFE) INDUS	IND OF BUSINESS ( STRY
30	USUA 13a.S	L RESIDENCE (IF NURSING HOME OF TATE 13) COUNTY		EBEFORE ADMISSION) 13d INSIDE CITY LIMITS?  YES NO	130. STREET ADDRESS	IRST S	TREE
151	4 FA	THER'S NAME FIRST RICHAR	MIDDLE Sewel	SR. Bess	MIDDLE	MES	LAST
J. J			RMED FORCES? 166 SOCIAL 218-3	SECURITY NO. 17 INFORMANT 30-4942 Peggy Ch	atmon (NI	ece) SAM	ne AS # 1
ofic event, m		18 CAUSE OF DEATH LENter or PART I. DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (0)	SEQUENCE OF	~ 21	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEAT
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	19	SEQUENCE OF Willsen A	Long Her	Mule	2 yes
Toolin .	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TER	rminal <b>M</b> SEASE OR CONI	DITION GIVEN IN PA	RT 1(o)
2	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	VHICH RATION WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		H DAY YEAR	JRRED (ENTER NATURE OF INJUR	TY IN ITEM 18, PART 1 OR PAI	RT 2]
5	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOW	VN COUNT	TY STATE:
211 51 17		220.1 certify that (1) (this hasp saw the deceased alive an	n of view the bady after death.	fram 3 2 , 19 5 19 79, and that in (my) (our) apinio	5 , ta 9	22, 19 ate and hour and from	, that (I) (we) la m the causes stated
= = = = = = = = = = = = = = = = = = =		276 SIGNATURE	Dones .	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _	DATE SIGNED
OK AN		224. PHYSICIANS NAME (174 C	NJONES,	M.D. 809 Veirs	Mill Rd. A	Pock ville	, Md.
≥ ,	22 D	IDIAL CREATATION PERSONAL	224 DATE	Tar NAME OF CEMETERY OR COSTA TOO	1224 LOCATION		

DHMH - 16 50M 1/76

230 BURIAL, CREMATION, REMOVAL

Seorge R

(VR A 15 (4))



Page 4 may be retained by the haspital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fadirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after

CASSIST FOR BUILDING STREET, SHIP		CERT	IFICATE OF	DEATH '			,	
1. DECEASED-NAME First (Type or print)		Middle	Lost		DATE OF DEATH			2b. HOUR
PICEDIZIO		seph (	NOODSTO	CK	SEP Thonth	24	1979	338 1
3. SEX MACE	4. RACE OAUCAS		5. DATE OF BI	RTH -0 - 96	6. AGE (In last with			F UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State ar fareign country) New York	76. CITIZEN OF WHAT COURS A	MA	RRIED NEVER MAR	RIED 9. COL	UNTY OF DEATH	ery		Md
10. CITY OR TOWN OF DEATH	give street o	07 Crooks	ton#15ne		UPATION (Kind of wor working life, even if r	etired.)	b. KIND OF BUNDUSTRY	
13a. USUAL RESIDENCE (Where decease admission) STATE	d lived, if institution: Re	esidence before 13c. C	ockville	13d. INSIDE CITY EIMITS? YES NO	13e. STREET AND NUM 12907 C		ton La	ne#45
14. FATHER'S NAME First Frederick	Middle J. W	oodstock	IS. MOTHER'S MA Sarah	AIDEN NAME First	٨	Middle	Kea	last
16a. WAS DECEASED EVER IN U.S. ARME Yes, no. or unknown)	1. 1	OCIAL SECURITY NO. 51 09 4720	17. INFORMANT Isabel	W. Garve	y(daughte	ddress er) san	ne as	13e
18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	E CAUSE (a) PROP	BABLE MY ENCOSCLEME	1			,	3 Minus 5 ge	-
PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO THE TERMINAL	L DISEASE OR CONDITI	ION GIVEN IN PART 1(a	)		
190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OP	ERATION WAS PERFORME	ED 20a. AUTO YES	PSY?	20b. IF YES, WERE FIL CAUSES OF DEATH?	NDINGS CONSID	ERED IN CERT	IFYING
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Man	th Day Year	21c. HOW INJURY OCC	URRED (Enter natur	e af injury in Part 1 a	r Part 2, Item	18.)	
While Nat while	PLACE OF INJURY ( AT HOM OFFICE		21f. LOCATION Stree	1 -11	City or Town		unty	Stote
220. I certify that (I) (this saw the deceased ali couses stated above,	hospital) attended ve an (I) <del>(we) (did)</del> (did n	the deceosed from 13 19 29 oot) view the body of	m Albertand in (months)	y) <del>(our) o</del> pinion	death occurred on	19 / the dote of	_ , that (I nd hour on	) ( <del>we)</del> lost d from the
Selection's	ili.	200	DEGREE ATTENDIN	G MED.	STAFF PHYS.	22c. DATE !	SIGNED 2-4-7	9
NAME (Type) JOEL	A. REIST				URD, RO		E, Md.	2085/
23a. BURIAL, CREMATION, 23b. DA BURIAL (Specify) 9/2	7/79		Cemetery	V	LOCATION (City or Town	L.I.	New Y	
24. FUNERAL DIRECTOR Tyson 1331 Rockville				25a. REC'DSYPRIDI	SEAR 1979 REC	GISTRAR'S SIGN	ATURESTO	ready

10	· 7		1.	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2	3	1 7
	y be		(TYPE		-	(NMI)	WR	ANGEL	2. DATE OF DEATH	MONTH D	YEAR T	26. HOUR
	to 4 moy	)	3. SE	Female	Cauca	sian	S. DATE C	DF BIRTH A 1919	6 AGE (IN YEARS LAST BIR		ONIHS DAYS	HOURS MI
	n 72 hou	977		RTHPLACE (STATE OR FOREIGN OUNTRY) RUSSIA	76 CITIZEN O	· A .	MARRIE	D NEVER MARRIED DIVORCED	BALT ECITYO	OR COUNTY	OF DEATH	
101	rs after de by the fur filed within	of 70	10 C	Bethesdall	11. NAME OF		NG HOME C	Hospital	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOMEMAKE	OF WORKING LIFE	126. KIND OF	BUSINESS O
AND 213	n 24 hou filled in hould be	32	13a. M		e of other institution of the control of the contro	113c. CITY OR TOV	VN		13. STREET ADDRESS 13400 T	ravil	ah Roa	ad
MARYL	ted within ompletely ond 2 s	57	) )	Nicholas	MIDDLE	Lamsdor:		15. MOTHER'S MAIDEN NAME Sophi	e widdle		Troube	etsko
IIMORE,	be execu-	medicol	160 V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN] (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)		2582	Alexis Wra	ngel same			
II W. PRESTON ST., BAL	that the death certificate by the ottending physicis ease remove carbon paper of, cremation, or removal.	r other traumotic event, th		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO.	Meta.	state pence of mary	Carcinor	Carcin na of Br	cast		MATE INTERVAL INSET AND DEAT
RDS, 20	requires on signed Then plants	ınlury, o	NOI	PART 2 OTHER SIGNIFICAN	Conge	CONTRIBUTING TO	He a	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 1(o	b.
AL RECORDS	the low ron. the been the permit	Z ony	CERTIFICATION	13 years A	90 90 g	reast	-	N WAS PERFORMED	YES NO NO		WERE FINDIN	
DIVISION OF VIT	tending physics this certificate the buriol-transition Mentol Hyginal	ed or hem 18 st	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# ETIMER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF	DEATH HOUR A	OF INJURY  A.M. MONTH D  P.M.  E OF INJURY  TREET, FACTORY, OFFICE,	PAY YEAR 19	211 LOCATION STREET	RED (ENTER NATURE OF INJO CITY OR TO		RT 1 OR PART 2.	STATE
VIO	STENDING spitol or of the of Heolth of the o	21 is mark		220. I certify that (I) (the saw the deceased alive above, (I) (did	on deal	10 19	63 2 7	, 19 7 (and that in (my) (east) opinion of	to Seg		1 1	hat (I) (wy) l
	by the hose ERAL DIREC detoched	E =		226 SIGNATURE  CLUM  226 PHYSICIAN'S NAME (IV)	, W	gan	772	DEGREE ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STA		224. DATE S	IGNED
	O HOSP etoined TO FUNI should be	MPORT		JAM	ES U	1.EGA	N	5413 Ce	dar Las	ne- 4	rethesa	Co M

DHMH-16 20M (VRA 15, 4) 7/78 23a BURIAL, CREMATION, REMOVAL 236 DATE 9/14/79

Burial

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

23d. LOCATION CITY OR TOWN Nova Diveeo Cemetery Spring

COUNTY STATE Valley New York

126. KIND OF BUSINESS OR

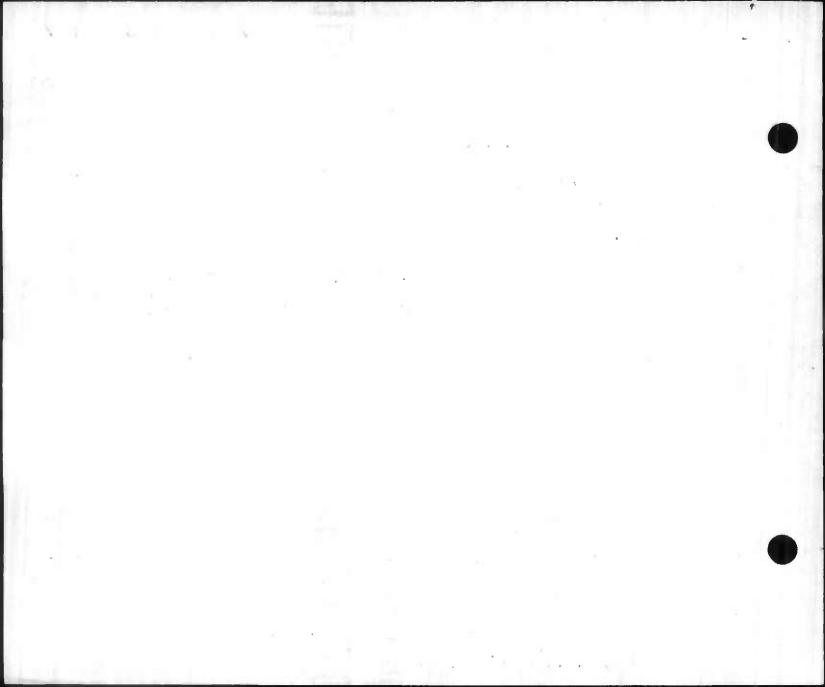
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEERS

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IF UNDER 24 HRS

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	1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENY 9	2 3	1 1	8
Ī		CEASED NAME	FIRST		MIDDLE		LAST	To brite or berini	MONTH DAY	YEAR	2b. HOUR
			Adr	ian	D.	WREI	١N	Septembe		1979	3:05P M
3	3. SE)			4 RACE		5 DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		ale		Cauca		Sept		54	YRS		
83	CC	RTHPLACE (STATE OR DUNTRY)	FOREIGN	USA	DF WHAT COUNT	RY? 8 MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY O		DEATH	MD.
27		ry or town of de ethesda	ATH	FIF NOT IN	SUCH FACILITY, GIVE STI	REET ADDRESS)	or other institution cal Center	120 USUAL OCCUPATION OF WORK FOR MOST OF U. S. Nav	F WORKING LIFE)	12b. KIND O INDUSTRY	OF BUSINESS OR
3	130 S	rginia	136 COUN	other instituti ity ngton	136. CITY OR TO	OWN	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS		Road A	pt. 301
0/	4 FA	Roy	A	• MIDDLE	Wrenn		15. MOTHER'S MAIDEN NA Beaulah	MIDDLE		Davis	iT
3		AS DECEASED EVE		MED FORCES WAR OR DATES)		ECURITY NO.	17. INFORMANT	ADDRE			Md.
0		Yes	WW 1		577 18	1294	Mrs. Mary N.	Wrenn 4710	Toppir	ig Rd.	Rockvil
ony injury, or other troumatic	CERTIFICATION	gave rise to im cause to stat underlying caus PART 2 OTHER SIG	e lost.	CONDITIONS		QUENCE OF	NOT RELATED TO THE TERM		DITION GIVEN  20b IF YES, W	ERE FINDIN	NGS USED
	TIF							YES NO	YES §		NO [
- /	-	21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA		OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2)	
	MEDICAL	21d. INJURY OCCUI	VHILE [7]		CE OF INJURY , STREET, FACTORY, OFFI	ICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
Z I is morked		220.1 certify that ( saw the decea obave, () (we)					D Sep. 13, 19 79 nd that in /m//) (aur) apinion	, 10	<b>D. 13</b> , 19. ate and hour or	,	that (1) (we) lost causes stated
IT: If Item		226. SIGNATURE	d. Ca	cene n			MO ATTENDING PHYSICIAN [	MEDICAL STA	F IAN KK	Sept.	SIGNED 14 1979
MPORTANT		Jeffrer	AME (TYPE O	Cran	e MiD.		22. ADDRESS National Na	aval Medical	Center		
	23a. B	URIAL, CREMATION	REMOVAL	23b. DATE			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		UNTY	STATE
.		Burial				Columb	la Gardens	Arlington	ADIL	ngton,	Na.
5	Z4 FL	NERAL DIRECTOR	unera	l Home	ADDRESS	Arlingt	on, Va. 250. SA	Eledora IRAPAN	25b. A-6457KA	7 6 GNA	SKEON

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STATE OF MARYLAND

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Yes in II U.S. . 110-05-0754 Walter Abbett(administrater) 2-5 95th

Jueraic - 1-17 Lee's/Drumen

J. m. Lee's 2015 Je. 300- 11 85., 11, 250., 2,2.

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SEPT 1978 Life portlered

signed by the attending physician

PHYSICIAN: The

# FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.				
		CEASED NAME OR PRINT)	nonica		- Li		ung (A.K	YANG)	Sept.		19 <b>7</b> 9		26. HOUR 11:45A	
	3. SEX	F		RACE Orien	tal	5. DATE C	BIRTH 8424	YEAR 419	6. AGE INYEA	30		UNDER I YEAR	IF UNDER 24 HRS	
7	COUNTRY)			Citizen of China	WHAT COUNTRY?	MARRIED X NEVER MARRIED WIDOWED DIVORCED			9 BALTIMOR	MD.				
9	0	lney		Montg	HOSPITAL, NURSIN HFACILITY, GIVE STREET OMERY GO	en'1	Hospi		17a. USUAL OG (TYPE OF WORK F Hous		ORKING LIFE)	INDUSTRY	Home	
5	13a. S		Montg		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Sil.Spi	N .	134. INSIDE CI YES 🔣	NO 🗌	Silve	odress 33 r Spri			Willow 906	
Ó		THER'S NAME FIRST Kong	MiDI		Yang		C.T	• K		MIDDLE		Cha		
	160 %	(AS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE WA		228-88-		Steve			3 Will ver S		ng. M		
	NO	Conditions, if any, which gove rise to immediate		DUE TO, O	RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  RAS A CONSEQUE  CONTRIBUTING TO D	MCE OF	DO C	Social Normal Normal Social Normal Normal Social Normal No	solne mon mal Disease	OR CONDIT	ONGIVEN	BETWEEN ONSET AND DEATH  2 YOUR  7 HOU, 1928  VEN IN PART 1(D)		
2	CERTIFICATION	19a. DATE OF OPERA	IN CERT					CERTIFYI	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?					
7				TRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR				ED JENTER NATU	RE OF INJURY IN	ITEM 18, PART	I OR PART 2)			
	MEDICAL			21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET		(	CITY OR TOWN		COUNTY	STATE				
		270.1 certify that (1) (this haspital saw the deceased alive an above, (1) (with failed (did not))			9/28 107	, , ,		6ur) apinion o	MEDICAL	on the date				

shauld be detached far use as the burial-transit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic TO FUNERAL DIRECTOR: After this certificate has bee retained by the hospital ar attending physician. TO HOSPITAL OR ATTENDING

DA PHYSICIAN'S NAME (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR
W. W. Cha

DHMH-16 60M 1/73

(VR A 15 (4))

22e ADDRESS

MD

Burial

DAMELL

REMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN CITY O

Must company of a securior  thin 24 hours often

rtificate

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 ho with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

attending physician.

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DHMH-16 20M (VRA 15, 4) 7/78

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PHYSICIAN:

TENDING

TO HOSPITAL

					STATE	OF MARYLAND	-									
	1 -	FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	,	9 REG. NO		3 1	2	1				
		OR PRINT)	0.0	M .	3 mmemo 20. DATE OF DEATH MONTH							25 1979 PSOAM				
	3. SEX	emale	CAUS		S. DATE CO		AGE (P)	MONTHS DAYS								
15		RTHPLACE (STATE OR FOREIGN DUNTRY)	IT	C A	MARRIE	,	MOA	Hann	NO.R	V		MD.				
08	S	ILVER SPRIN	TE NOT IN SUCH	FACILITY GIVE STREET A	DORESS)	or other institution		OCCUPATION OF THE SERVICE OF THE SER		12h. KIND INDUSTR' OWN						
35	130. S	BRILAND MON	ROTHER INSTITUTION, O	LUNCATO	1	YES 🖳 NO 🗌	13 street		Yaye.	s Aug	LNU	0				
150	14. FA	THER'S NAME FIRST  Morgan	WIDDIE	Jones		IS. MOTHER'S MAIDEN NAME FIRST Abiga		MIDDLE	,	Joi	AST					
1	16a V	VAS DECEASED EVER IN U.S. AL	RMED FORCES?	215-54-		17 INFORMANT	immeı	ADDRE	<sup>5</sup> 101	Casca		Rd.				
	NO	PART 2 OTHER SIGNIFICANT	DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)	AS A CONSEQUER	NCE OF	NOT RELATED TO THE TERM	trail DISEAS	Des.	IITION GIV	24	OXIMATE INTO NO ONSET AN	J.S.				
9	CERTIFICATION	196 DATE OF OPERATION	1% CONDIT	ION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUT	OPSY?	IN CERTIF	S, WERE FIND YING CAUSE S	INGS US S OF DE	ATH?				
9	MEDICAL CER	218. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	P.N	A. MONTH DAY	Y YEAR	21c HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJURY								
	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	OF INJURY ET, FACTORY, OFFICE, FA	RM, ETC	211 LOCATION STREET		CITY OR TOW	4	COUNTY		STATE				
		22a.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	Lyt 2	-7 19 7	91	nd that in (my) (our) apinian of the period	MEDICAL		F _							
1		BLAINE	H. EI	6		PSO DE CO	a Core	Les	endr	my	d 20	1902				
	23e. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOC	ATION OR TOWN		COUNTY		STATE				
N 7B	24 FU	JNERAL DIRECTOR LINE	8/28/	Me Me		Ga. Ave 250 DA		Elkr reggyg		RAPS SIGN	Md.	ody				

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